

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 104812

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Crandall

3. Sex	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>06/07</u> , 19 <u>37</u> (Month, Day, Year)
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9. Full name <u>Crandall</u>	FATHER	18. Full maiden name <u>Gaddie</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____
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11. Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
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13. Birthplace (city or place) (State or Country) _____	22. Birthplace (city or place) (State or Country) _____
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193____

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

Registrar.

1. PLACE OF BIRTH
County of Canyon
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 253907

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Bardsley

3. Sex	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>04/14</u> , 19 <u>37</u> (Month, Day, Year)
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9. Full name <u>Bardsley</u>	FATHER	18. Full maiden name <u>Nelson</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) _____	19. Residence (usual place of abode) (If non-resident, give place and State) _____
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11. Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
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13. Birthplace (city or place) (State or Country) _____	22. Birthplace (city or place) (State or Country) _____
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19 _____		25. Date (month and year) last engaged in this work _____, 19 _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filled _____, 193 _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
98

DO NOT WRITE IN THIS SPACE
S 102418
State File No.

Registration District No. _____

Primary Registration District No. 2176Local Registrar's No. 3

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hill

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Jan. 15, 1937

7. AGE Years Months Days If LESS than
1 day ____ hrs.
or ____ min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

MOTHER/FATHER 13. NAME Earnest Albert Hill
14. BIRTHPLACE (city or town) Orchard
(State or country) Iowa

15. MAIDEN NAME Bessie Elizabeth Loynd

16. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

17. INFORMANT Bessie E. Hill
(Address) Rigby, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Jan. 18, 1937

19. UNDERTAKER R. S. Wessner
(Address) Rigby, Ida.

20. FILED Jan. 17, 1937
Registrar. R. S. Wessner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1937

22. I HEREBY CERTIFY, That I attended deceased from
Jan 15, 1937, to Jan 15, 1937

I last saw h. alive on Stillborn, 1937: death is said
to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance
were as follows:

Stillborn Date of onset
Jan 15, 1937

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Stillborn Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in
public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____

(Signed) _____, M. D.

(Address) Rigby, Idaho

1. 2. 3.

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying; e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
S 102814
State File No. _____

Registration District No. _____

Primary Registration District No. 215-8

Local Registrar's No. 42

(No. L. L. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Strahle

(a) Residence. No. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Feb 14, 1937

7. AGE Years Months Days If LESS than 1 day 2 hrs. or 2 min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

13. NAME Shale Strahle

14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

15. MAIDEN NAME Ruth Malburg

16. BIRTHPLACE (city or town) Pine, Idaho
(State or country) _____

17. INFORMANT Jack A. Wood
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Feb. 5, 1937

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Feb 10 1937 Idaho Falls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Feb 14, 1937.

I last saw her alive Stillbirth, 1937; death is said

to have occurred on the date stated above, at 9-15 P. M.

The principal cause of death and related causes of importance

were as follows: Stillbirth

Papier rupture

Other contributory causes of importance: _____

Date of onset Feb 14, 1937

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Specify) _____

(Signed) W. C. Knight M. D.

(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N 15153

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of
City of

Dr. Stockslager
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

S 103464
State File No.

Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 810

APR 12 1937

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant son of Mr. & Mrs. T. M. Nelson(a) Residence. No. St. Lewiston, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
March 4, 1937

7. AGE Years Months Days
0 0 0
If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)

13. NAME T. M. Nelson

14. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)

15. MAIDEN NAME Nadean Arnold

16. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)

17. INFORMANT T. M. Nelson
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date Mar. 5, 1937

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar 19, 1937
mc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/4 1937

22 I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 4, 1937

I last saw him alive on March 4, 1937; death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Asphyxia Neonatorum Date of onset 3/4/37

Other contributory causes of importance:

Placental separation 3/4/37

Name of operation None Date of 3What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Stockslager, M.D.(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 103630**

Registration District No. 28Primary Registration District No. 2161(No. Saint Anthony Hospital)Local Registrar's No. 943

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant McKay(a) Residence. No. 435 W. Halliday St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 3, 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER FATHER 13. NAME Harold McKay

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

15. MAIDEN NAME Eva Brookway

16. BIRTHPLACE (city or town) Sioux City
(State or country) Iowa

17. INFORMANT Harold McKay
(Address) 553 W. Halliday

18. BURIAL, CREMATION OR REMOVAL burial
Place Mountainview Cem. Date April 3, 1937

19. UNDERTAKER Downard Funeral Home
(Address) Pocatello Idaho

20. FILED 4-5 193 7 S. McKay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 3 1937

22. I HEREBY CERTIFY That I attended deceased from April 3, 1937 to April 3, 1937
last saw him alive on April 3, 1937; death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Stillborn

Name of operation Stillborn Date of 270
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. H. Broderick, M. D.
(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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10-12

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR OTHER USES

433-2241014-331 *Country*
 PLACE OF BIRTH
 County of *Carson*
 City of *Nampa*
 No. *1607-S. 5th St.*
 Information District No. *7*
 Primary Registration District No. *2028*
 Registered No. *103718*

STATE OF IDAHO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Form V. S. No. 11-C-25m-9-8-17

S

Hospital *✓*

FULL NAME OF CHILD *X*

Sex of Child <i>girl</i>	Twins <i>✓</i> (To be answered only in event of plural births)	and Number in order of birth <i>1</i>	Legitimate? <i>yes</i>	Date of Birth <i>June 24 1922</i> (Month) (Day) (Year)
FATHER FULL NAME <i>W. E. McCluskey</i>			MOTHER FULL MAIDEN NAME <i>Lucile Clark</i>	
RESIDENCE <i>Nampa R.R.</i>			RESIDENCE <i>Nampa Rural</i>	
COLOR <i>white</i>	AGE AT LAST BIRTHDAY <i>27</i> (Years)		COLOR	AGE AT LAST BIRTHDAY <i>21</i> (Years)
BIRTHPLACE <i>Idaho</i>			BIRTHPLACE <i>Idaho</i>	
OCCUPATION <i>Farmer</i>			OCCUPATION <i>Housewife</i>	

Number of child of this mother, including present birth... *1*..... Number of children of this mother now living, including present birth... *0*.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Still born* at *2:30 A.M.* on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *W. E. McCluskey*

(Physician or midwife)

Given names added from a supplemental report.

Address *Nampa Idaho*

Filed *Aug 8 1922*

Registrar

Registrar

DATE

1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED
AUG 17 1922
BUREAU OF
STATISTICS

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **38992**
Registered No. _____

1. PLACE OF DEATH

County of Carson Registration District No. 7
City of Trampan Registration District No. 2006
(No. _____) (St. _____)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Infant M. Grosby

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
(Write the word.)

6. DATE OF BIRTH June 24 1922
(Month) (Day) (Year)

7. AGE 0 IF LESS than 1 day how many _____ hrs. or _____ min.?
Yrs. Mos. ds.

8. OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE nampan Idaho
(State or Country)

10. NAME OF FATHER M. E. McCluskey

11. BIRTHPLACE OF FATHER Kansas
(State or Country)

12. MAIDEN NAME OF MOTHER Lucile Clark

13. BIRTHPLACE OF MOTHER South Dakota
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucile McCluskey
(Address) nampan Idaho

15. Filed Aug 8 1922 Pearle D. Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 24 1922
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from at birth to 19 that I last saw him alive on 19 and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:
Still born

(Duration) Yrs. mos. ds.
Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) J. J. Murray M. D.
6/5/1922 (Address) nampan Idaho

*State the Disease Causing Death; or in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death Yrs. mos. days. In the State Yrs. mos. days.

Where was disease contracted if not at place of death?
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL nampan DATE OF BURIAL 4/26/1922

20. UNDERTAKER Murray ADDRESS _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		BUREAU OF VITAL STATISTICS		State File No. S 104464	
County of <u>Beneish</u>		City of <u>St. Maries, Idaho</u>		Registration District No. <u>32</u>	
		Primary Registration District No. <u>2049</u>		Local Registrar's No. <u>23</u>	
(No. <u>St. Maries Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Girl Varney</u>					
(a) Residence. No. <u>St.</u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>			
5a. If married, widowed, or divorced HUSBAND of <u>stillborn</u> (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1/8/37</u>					
7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.		
<u>stillborn</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>St. Maries, Idaho</u> (State or country)					
FATHER					
13. NAME <u>Harold Lester Varney</u>					
14. BIRTHPLACE (city or town) <u>Oakshosh, Michigan</u> (State or country) <u>Wisc.</u>					
MOTHER					
15. MAIDEN NAME <u>Maude Ethel Garland</u>					
16. BIRTHPLACE (city or town) <u>Beulah, Michigan</u> (State or country)					
17. INFORMANT <u>Mrs. Harold Varney</u> (Address) <u>St. Maries</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Maries</u> Date <u>Jan 10, 1937</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>6-9</u> , 1937 <u>Walter B. King</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1/8/37</u> 193					
22. I HEREBY CERTIFY, That I attended deceased from <u>stillborn</u> , 193, to <u>stillborn</u> , 193.					
I last saw him alive on <u>Jan 8, 1937</u> : death is said to have occurred on the date stated above, at <u>St. Maries, Idaho</u> . The principal cause of death and related causes of importance were as follows:					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>None</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 193					
Where did injury occur? <u>None</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place <u>None</u>					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>					
If so, specify <u>None</u>					
(Signed) <u>W. B. King</u> , M. D.					
(Address) <u>St. Maries, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 106362**

Registration District No. _____

Primary Registration District No. 1004

Local Registrar's No. 309

(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Jane Boor

(a) Residence No. 527. S. 13 Street.

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 16, 1937.

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

13. NAME Charles. R. Boor.

14. BIRTHPLACE (city or town) Albion Nebraska.
(State or country)

15. MAIDEN NAME Ellen Kerley.

16. BIRTHPLACE (city or town) Biglick.
(State or country) Tennessee.

17. INFORMANT Charles. R. Boor.
(Address) 527. S. 13 Street.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery. Date Oct. 18, 1937.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 10-18, 1937. R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 16, 1937.

22 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1937. to Oct. 16, 1937.

I last saw him alive on _____ 1937: death is said

to have occurred on the date stated above, at Birth. m.

The principal cause of death and related causes of importance were as follows:

Still-born-

Other contributory causes of importance:

Name of operation None. Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Charles R. Boor
(Address) Boise, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NO 10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 106382**

Registration District No. 9-10Primary Registration District No. 9-10Local Registrar's No. 1

(No. _____)

10-22-1937 death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Baby Ray

(Usual place of abode)

11 1/2 North of Eagle St. (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-16-37

7. AGE Years Months Days If LESS than
Still born 1 day ____ hrs.
or ____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked
at this occupation
(mo. and yr.)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) 1 1/2 Miles
(State or country) North of Eagle

13. NAME

Lewis F. Ray

14. BIRTHPLACE (city or town)
(State or country) Idaho

15. MAIDEN NAME

Eleanor Vail

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT

(Address)

Mrs E. J. Smith

18. BURIAL, CREMATION OR REMOVAL

Place

Boise Idaho

Date

7-16, 1937

19. UNDERTAKER

(Address)

Schreibler & Co. Boise

20. FILED

7/20, 193 7BoiseIdaho

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from

, 193 to , 193

I last saw her alive on Dec 7th 1937: death is said
to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of im-
portance were as follows:

Stillborn

Date of onset

No Medical Attendance

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an
autopsy?

23. If death was due to exter'l causes (violence) fill in also
the following:

Accident, suicide, or homicide? Date of injury
193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or
in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation
of deceased? No specify

(Signed)

(Address)

J. McLean Carver
Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

100912

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **S 106287**

Registration District No. 18

Primary Registration District No. _____

Local Registrar's No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thelma Costa

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. _____ How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Nov 28, 37

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Englnd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

13. NAME Jack Costa

14. BIRTHPLACE (city or town) Idaho
(State or country) _____

15. MAIDEN NAME Letha Huffman

16. BIRTHPLACE (city or town) Indiana
(State or country) _____

17. INFORMANT Jack Costa
(Address) Jerome Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Am. Date Nov 29, 1937

19. UNDERTAKER J. R. Wiley
(Address) Jerome Idaho

20. FILED 11/30, 1937 C. J. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/28 1937

22 I HEREBY CERTIFY, That I attended deceased from 11/28, 1937, to 11/28, 1937.

I last saw her alive on 11/28 1937: death is said to have occurred on the date stated above, at 3:20 P. M.
The principal cause of death and related causes of importance were as follows:

Prematurity
(Non-viable)
24 weeks.
Dead when I arrived
Other contributory causes of importance:
(Stillbirth?)

Date of onset _____

Name of operation None Date of _____
What test confirmed diagnosis Clm Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Carlyle Thwait, M. D.

(Address) Jerome

10-2001 UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

116 B

110 513

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Ada</u>		CERTIFICATE OF BIRTH		250775	
City of <u>Bosse</u>		Registration District No. <u>2</u>		State File No. _____	
No. <u>St Lukas Hos</u> St.		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>16</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>single</u>	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1/9/98</u> 19 <u>98</u> (Month, Day, Year)
9. Full name <u>Nathan Wm. Hunt</u>		FATHER		18. Full maiden name <u>Paula Lorraine Stormont</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1015 N 27th</u>		11. Color or race <u>white</u>		12. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Bosse Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>meat butcher</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year) last engaged in this work <u>Jan 1937</u>		17. Total time (years) spent in this work <u>4</u>		18. Full maiden name <u>Paula Lorraine Stormont</u>	
19. Date (month and year) last engaged in this work _____		20. Color or race <u>white</u>		21. Age at last birthday <u>27</u> (years)	
22. Birthplace (city or place) (State or Country) <u>neb</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no still birth</u>	
28. Number of children of this mother (At time of this birth and including this child) <u>one</u>		(a) Born alive and now living <u>1</u>		(b) Born alive but now dead _____ (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>about 8 mo</u>		{ months or weeks		30. Cause of stillbirth <u>marfanism</u>	
{		{		{ Before labor <u>yes</u>	
{		{		{ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Stillborn at 1046 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) H. H. G. H. C., M. D.

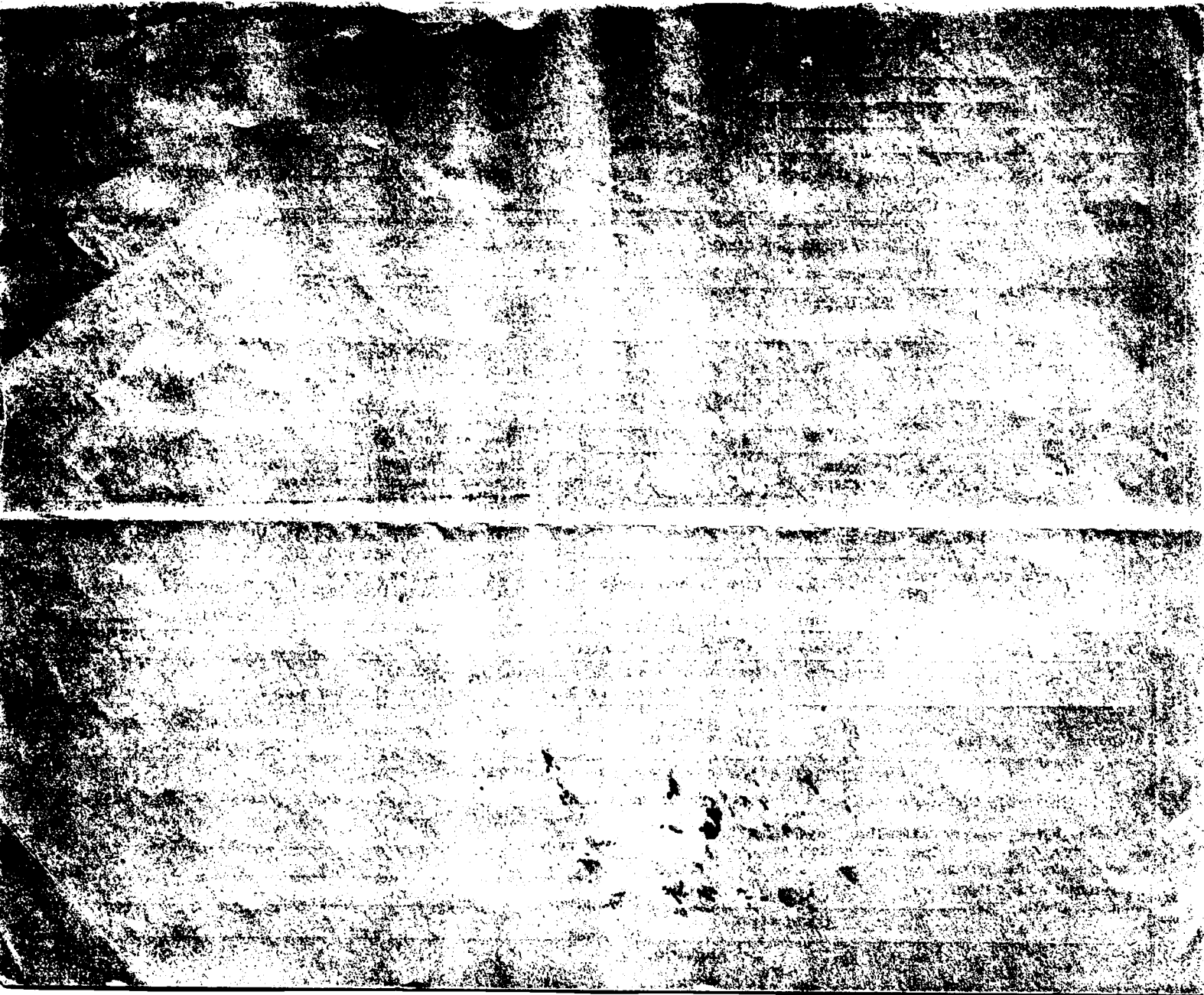
or _____, Midwife

Address Bosse Idaho

Filed 1-9, 1937 R. Sharp

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102137

Registration District No. 2

Primary Registration District No. 1004

(No. St. Luke's)

Local Registrar's No. 8

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Geraine Hurt (Stillborn)

(a) Residence. No. St. Luke's Hospital Boise Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1/9/27

7. AGE Years Months Days 8 mo 8 days or LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this Occupation Ida

12. BIRTHPLACE (city or town) Boise, Ida (State or country)

MOTHER FATHER

13. NAME N. W. Hurt

14. BIRTHPLACE (city or town) Boise, Ida (State or country)

15. MAIDEN NAME Beulah Stormont

16. BIRTHPLACE (city or town) Ida (State or country)

17. INFORMANT Father Nat Hurt (Address) 1015 N 27th

18. BURIAL, CREMATION OR REMOVAL 27th Place Dry Creek Date 1-9, 1937

19. UNDERTAKER Father (Address)

20. FILED 1-9, 1937 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/9/27 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. alive on 1-9, 1937: death is said to have occurred on the date stated above, at 10:40 A. m.

The principal cause of death and related causes of importance were as follows:

Stillborn
8 to 8 1/2 mo gestation

Other contributory causes of importance:

Strangulation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Wright M. D.

(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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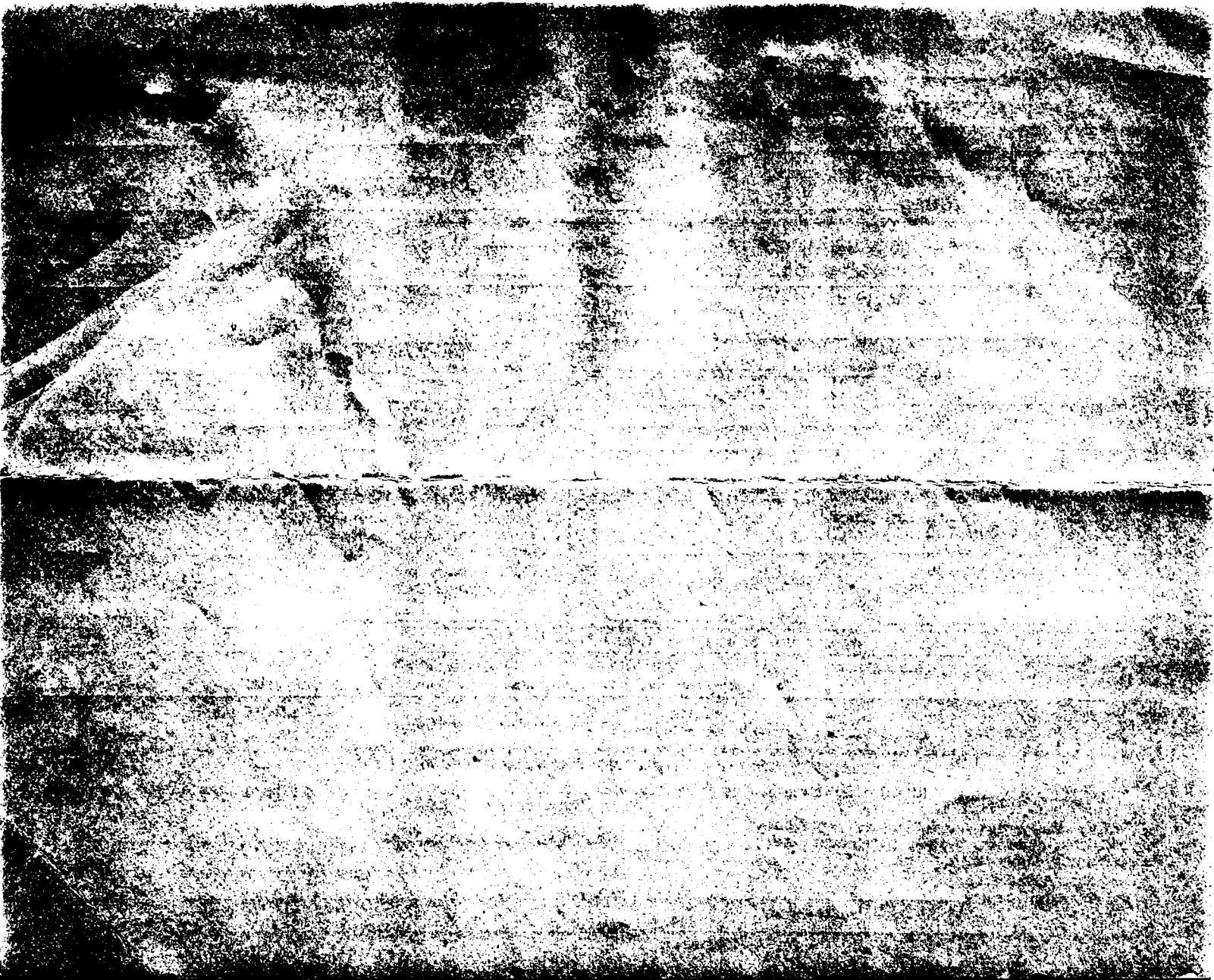
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Bannock</u>		FEB 1937		CERTIFICATE OF BIRTH	
City of <u>Lava Hot Springs</u>		Registration District No. <u>84</u>		State File No. <u>250836</u>	
No. <u>Rich Hospital</u>		Prim. Registration District No. <u>2161</u>		Local Registrar's No. <u>121</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD					
3. Sex <u>Female</u> If plural births { 4. Twin, triplet, or other..... 6. Premature <u>X</u> 7. Legitimate? <u>yes</u> 8. Date of birth <u>Feb. 2, 1937</u> (Month, Day, Year)					
5. Number, in order of birth..... Full term.....					
9. Full name <u>David Leon Asletta</u> FATHER			18. Full maiden name <u>Leona Seathum</u> MOTHER		
10. Residence (usual place of abode) <u>Lava Hot Springs</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Lava Hot Springs</u> (If non-resident, give place and State)		
11. Color or race <u>W.</u> 12. Age at last birthday <u>3 1/2</u> (years)			20. Color or race <u>White</u> 21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) <u>Lava Hot Springs</u> (State or Country) <u>Idaho</u>			22. Birthplace (city or place) <u>Cash</u> (State or Country) <u>Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>all life</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>now</u> 19.....			25. Date (month and year) last engaged in this work <u>Dec 20, 1936</u>		
17. Total time (years) spent in this work <u>all life</u>			26. Total time (years) spent in this work <u>11 yrs.</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>					
28. Number of children of this mother <u>5</u> (At time of this birth and including this child)					
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>7 months</u> { months or weeks			30. Cause of Stillbirth { During labor Before labor <u>Before labor</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born Dead</u> at <u>5:10 P.</u> m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>C. H. Rich</u> M. D.					
or _____ Midwife					
Address <u>Lava Hot Springs, Ida</u>					
Filed <u>Feb. 7, 1937</u> <u>Mrs. G. G. Fitz</u> Registrar					
(Date of) _____ Registrar.					



CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Bannock Registration District No. 84
 City of Lava Hot Springs Primary Registration District No. 2161
 State of Idaho (St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Aslett, (Stillbuth)

State of Idaho
 BOARD OF HEALTH
 Bureau of Vital Statistics
 File No. 102180
 Registered No. 42

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. DATE OF BIRTH Feb. 2, 1937
 (Month) (Day) (Year)

7. AGE Yrs. Mos. ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)

None
None

9. BIRTHPLACE

(State or Country)

Lava Hot Springs Idaho

10. NAME OF FATHER

David Leon Aslett

11. BIRTHPLACE OF FATHER

(State or Country)

Lava Hot Springs Idaho

12. MAIDEN NAME OF MOTHER

Leona Leathan

13. BIRTHPLACE OF MOTHER

(State or Country)

Cash Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

D. Leon Aslett

(Address)

Lava Hot Springs Idaho

15. Filed Feb. 7, 1937

Mr. J. J. Felt
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 2, 1937
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

on Feb. 2, 1937 to 19
 that I last saw h. all Stillbuth 19
 and that death occurred on the date stated above, at 5:10 P.M.

The CAUSE OF DEATH was as follows:

Hypertrophica Cirrhosis of Liver

(Duration) Yrs. mos. ds.

Contributory (Secondary) Condition of mother

(Duration) Yrs. mos. ds.

(Signed) B. A. Rich M. D.

2-2-37 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Yrs. mos. days In the State Yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

2-3-37

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Bloomington
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

250877

Registration District No. 53 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1

2. FULL NAME OF CHILD Name

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Jan 3, 1937
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER Thomas Taylor Piggott
10. Residence (usual place of abode) Bloomington
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER La Rue Thorneck
19. Residence (usual place of abode) Bloomington
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor X Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 955A

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

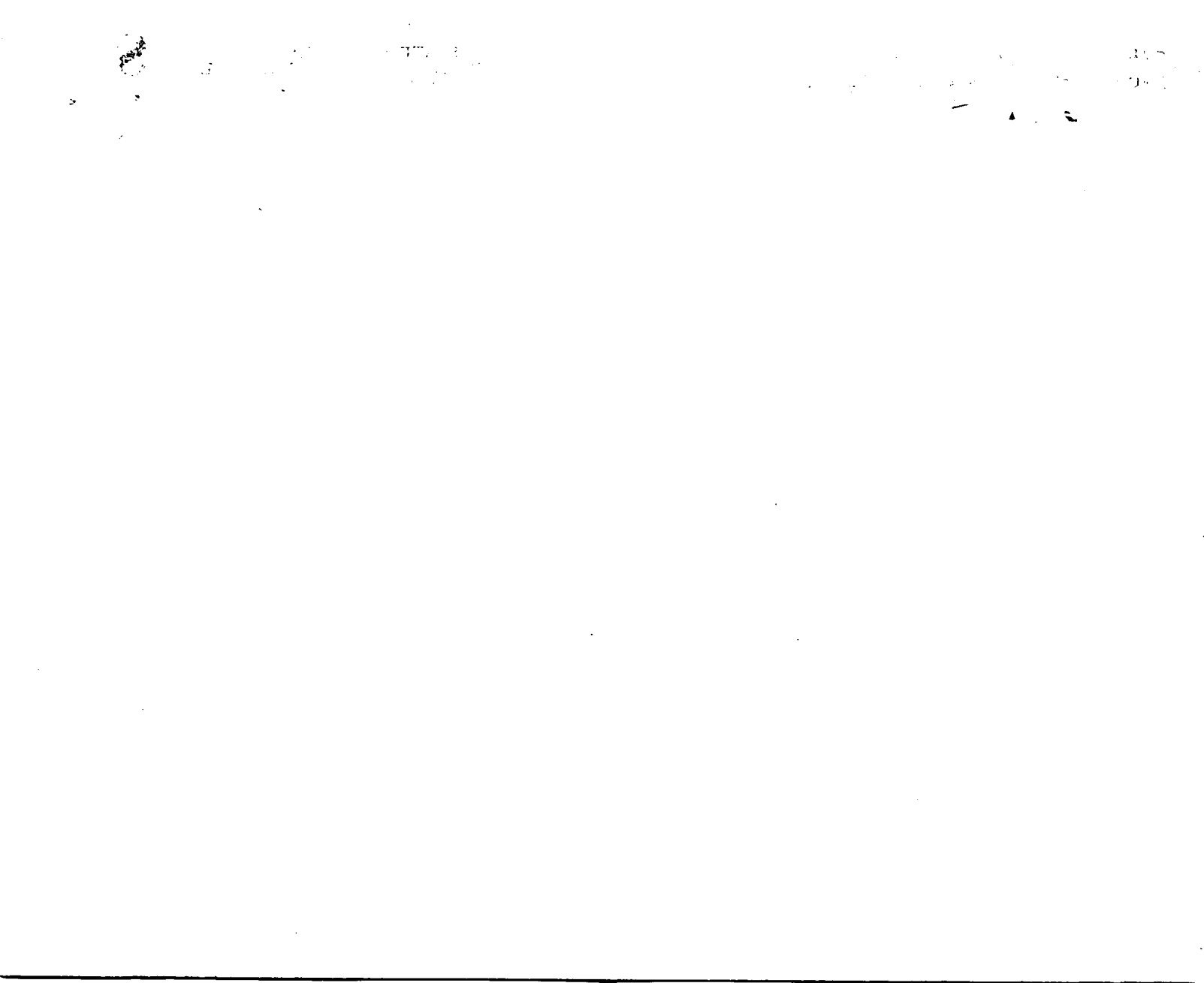
(Signed) W Moore, M. D.

or _____, Midwife

Address Paris Idaho

Filed Jan 29, 1937 Mrs. Beulah Hess

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH PLACE OF DEATH County of <u>Bear Lake</u> City of <u>Bloomington</u> Registration District No. <u>53</u> Primary Registration District No. _____ (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. <u>102203</u> Local Registrar's No. <u>2</u>	
2. FULL NAME _____			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. _____		ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Jan 3, 1937</u>			
7. AGE	Years _____	Months _____	Days _____
			If LESS than 1 day, _____ hrs. _____ min.
OCCUPATION:			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Bloomington</u> (State or country) <u>Idaho</u>			
MOTHER FATHER:			
13. NAME <u>Thomas Taylor Piggott</u>			
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
15. MAIDEN NAME <u>La Rue Thomas</u>			
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
17. INFORMANT (Address) <u>O. Moore Paris Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bloomington</u> Date <u>Jan 5, 1937</u>			
19. UNDERTAKER (Address) <u>None</u>			
20. FILED <u>Feb 3, 1937</u> <u>Mrs. Pauline Hess</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) _____ 1937			
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>Jan 3</u> , 1937, to <u>Jan 3</u> , 1937. last saw him alive on _____, 1937; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Stillborn at 9:55 a.m. Atelectasis</u> Other contributory causes of importance: _____			
Name of operation <u>Cesarean</u> Date of _____			
What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence, fire) in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>O. Moore</u> , M. D. (Address) <u>Paris Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

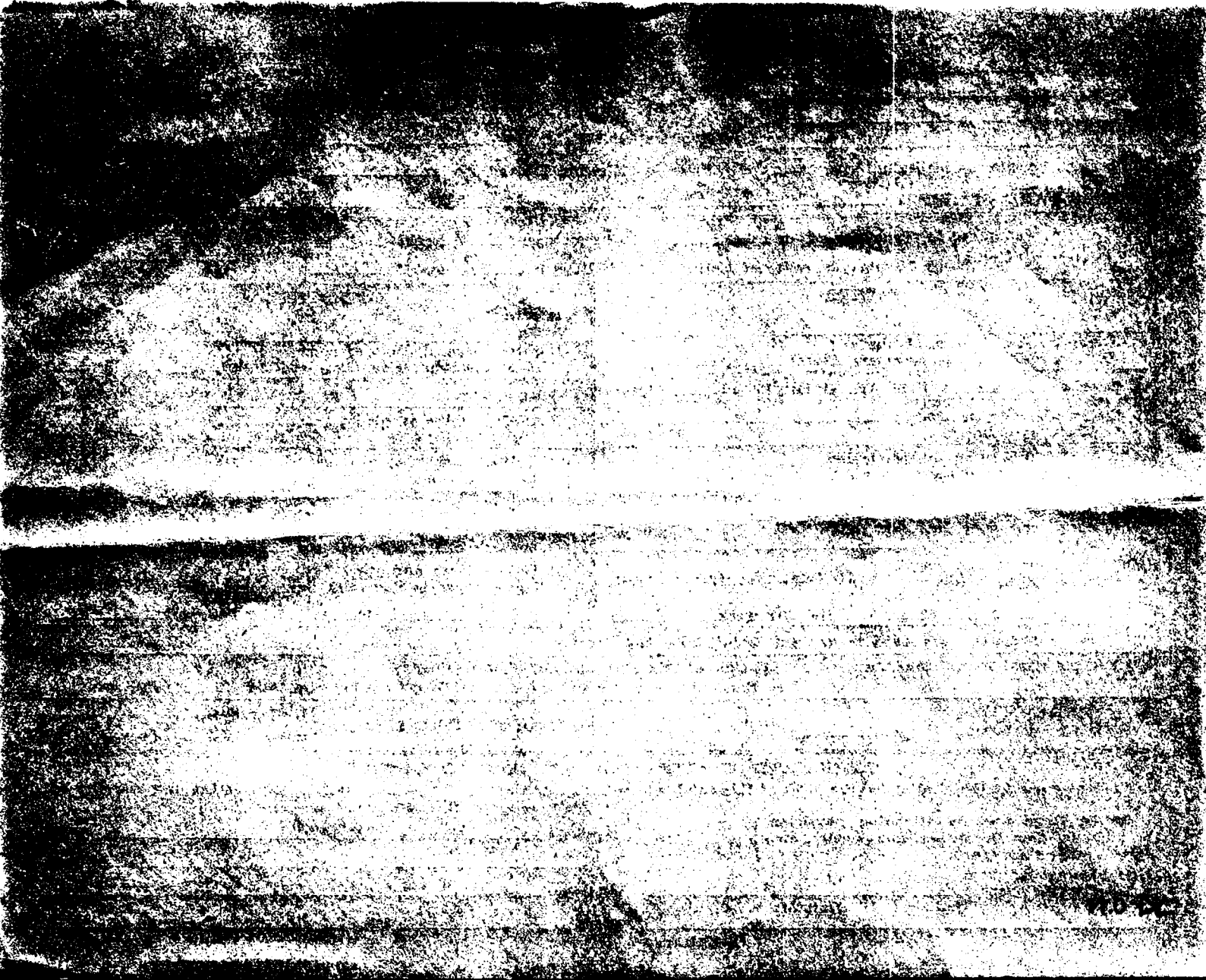
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Benedict</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>St. Maries Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>135</u> — <u>8th</u> St.		CERTIFICATE OF BIRTH <u>250904</u>	
Registration District No. <u>32</u>		State File No. <u>3</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2049</u> Local Registrar's No. <u>3</u>	
2. FULL NAME OF CHILD <u>Still born</u>			
3. Sex <u>M.</u>	If plural births <u>4. Twin, triplet, or other</u> <u>X</u>	5. Premature <u>yes</u>	6. Legitimate? <u>yes</u>
	5. Number, in order of birth <u>X</u>	Full term <u>X</u>	8. Date of birth <u>1-10</u> , 19 <u>36</u> (Month, Day, Year)
9. Full name FATHER <u>Cecil James Hyde</u>		18. Full maiden name MOTHER <u>Jennie Mae Hill</u>	
10. Residence (usual place of abode) <u>St. Maries</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>St. Maries Ida</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>29</u> (years)		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) <u>Benedict Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Harrison Idaho</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Woods</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>Nov 20</u> , 19 <u>36</u>		25. Date (month and year) last engaged in this work <u>1-9</u> , 19 <u>36</u>	
17. Total time (years) spent in this work <u>6 yrs</u>		26. Total time (years) spent in this work <u>6 mo</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>26 weeks</u> { months or weeks		30. Cause of Stillbirth <u>?</u> { During labor. Before labor <u>at least 2 weeks</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>12:45</u> p.m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>H. E. Patton</u> , M. D.	
Give name added from a supplemental report.		or <u>St. Maries Idaho</u> , Midwife	
(Date of)		Address <u>St. Maries Idaho</u>	
Registrar.		Filed <u>2-9</u> , 19 <u>36</u> <u>Walter Roberg</u> Registrar.	



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			CERTIFICATE OF BIRTH			S 250924		
County of <u>Bingham</u>			FEB 6 - 1937			Registration District No. <u>121</u>			State File No. _____		
City of <u>Blackfoot</u>						Prim. Registration District No. <u>1007</u>			Local Registrar's No. <u>7</u>		
No. <u>Judicial and Maple</u> St.											
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD <u>(Stillborn)</u>											
3. Sex <u>Female</u>		If plural births {		4. Twin, triplet, or other _____		6. Premature <u>Yes</u>		7. Legitimate? <u>Yes</u>		8. Date of birth <u>Jan. 26</u> , 19 <u>37</u> (Month, Day, Year)	
				5. Number, in order of birth _____		Full term <u>No</u>					
9. Full name FATHER <u>Dale Frank Bruce</u>						18. Full maiden name MOTHER <u>Bernice Large</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida</u>						19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida.</u>					
11. Color or race <u>W</u>						12. Age at last birthday <u>19</u> (years)					
13. Birthplace (city or place) (State or Country) <u>Blackfoot, Idaho</u>						20. Color or race <u>W</u>					
						21. Age at last birthday <u>18</u> (years)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>						22. Birthplace (city or place) (State or Country) <u>Iowa</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>					
16. Date (month and year) last engaged in this work <u>January</u> , 19 <u>37</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>					
17. Total time (years) spent in this work <u>All time</u>						25. Date (month and year) last engaged in this work <u>January</u> , 19 <u>37</u>					
						26. Total time (years) spent in this work <u>13 Mo.</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>											
28. Number of children of this mother / (At time of this birth and including this child) <u>None</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>Six Month</u> { months or weeks						30. Cause of Stillbirth <u>Dont know</u> { Before labor <u>Yes</u> During labor <u>no</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

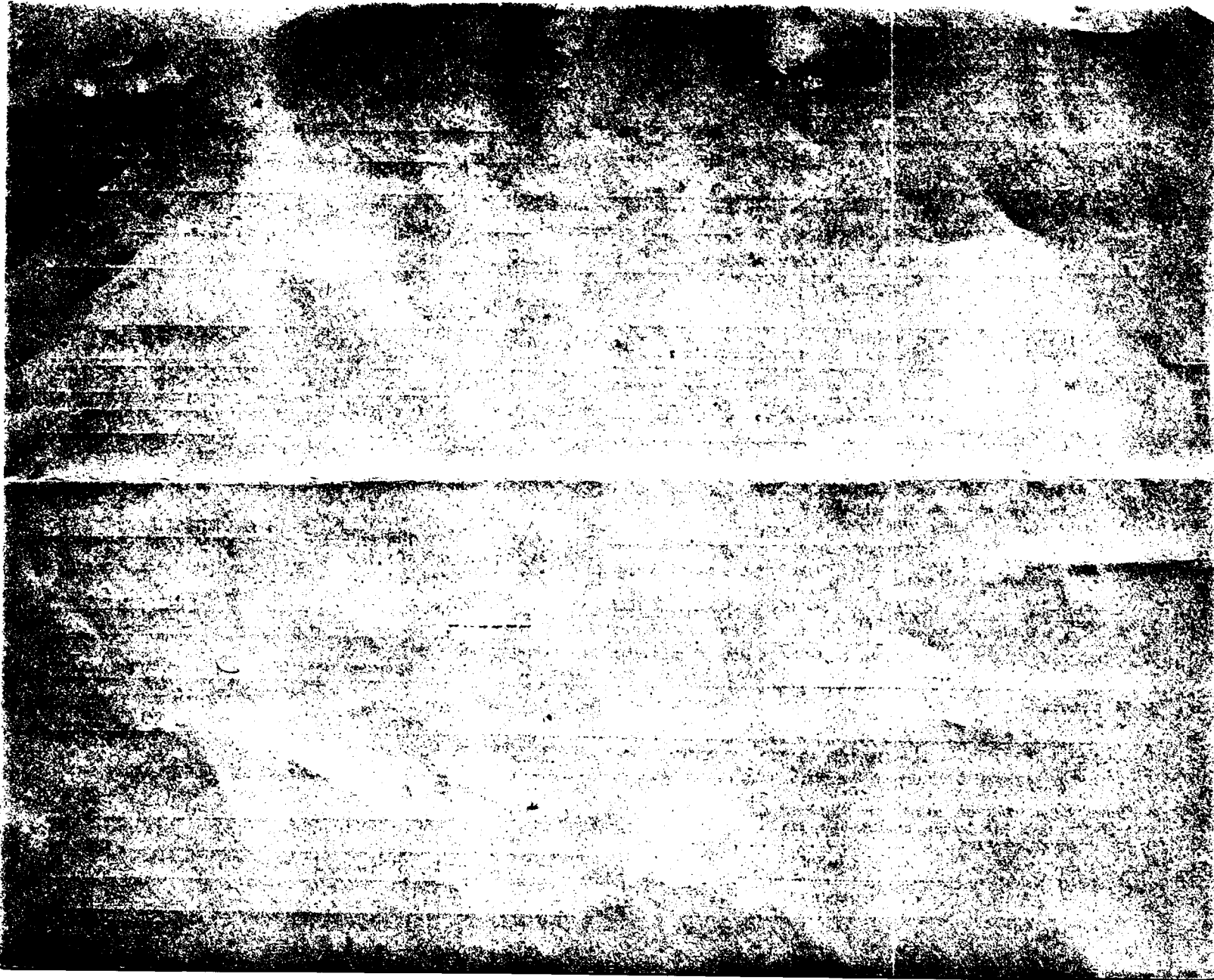
Registrar.

(Signed) J. Mitchell, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed Feb. 2, 1937 Mr. Halstead Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE

102232

State File No.

RECEIVED

Local Registrar's No. 11

2. FULL NAME Stickborn Bruce
(a) Residence. No. Blackfoot Idaho R. 1. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years	Months
-----	---	---
8. Trade, profession, or particular kind of work done, as <u>spinster</u> <u>lawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill</u> <u>saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Blackfoot, Ida.</u> (State or country)		

OCCUPATION

MOTHER FATHER

13. NAME Dale Frank Bruce
14. BIRTHPLACE (city or town) Blackfoot, Ida
(State or country)
15. MAIDEN NAME Bernice Large
16. BIRTHPLACE (city or town) Iowa
(State or country)
17. INFORMANT Blackfoot, Idaho
(Address) Dale Bruce
18. BURIAL, CREMATION OR REMOVAL

- Place Blackfoot Date 1-27, 1937
19. UNDERTAKER Dale Bruce
(Address) Blackfoot, Ida
20. FILED Jan 6, 1937 W. H. Hales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/26/37
22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937, to Jan 26, 1937.
I last saw Stickborn, 1937; death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:
Signature. (Six Months)
Due to fall & injury of mother.
Other contributory causes of importance:

Date of onset

- Name of operation None Date of
What test confirmed diagnosis? C Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1937.
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation or deceased? No If so, specify
(Signed) W. H. Hales M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bernham
City of Shelley
No. _____ St. _____

RECEIVED
FEB 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 250936

(If born in hospital or institution give name.)
Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 19

2. FULL NAME OF CHILD Stillborn

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan 14, 1937
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name Clive Chester Johnson FATHER 18. Full maiden name Deo Granger MOTHER

10. Residence (usual place of abode) Basalt, Ida 19. Residence (usual place of abode) Basalt, Ida
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 22 (years) 20. Color or race W 21. Age at last birthday 17 (years)

13. Birthplace (city or place) Basalt, Ida 22. Birthplace (city or place) Huntington, W. Va.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Sw

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Jan 14, 1937 17. Total time (years) spent in this work 1 yr. 25. Date (month and year) last engaged in this work Jan 14, 1937 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

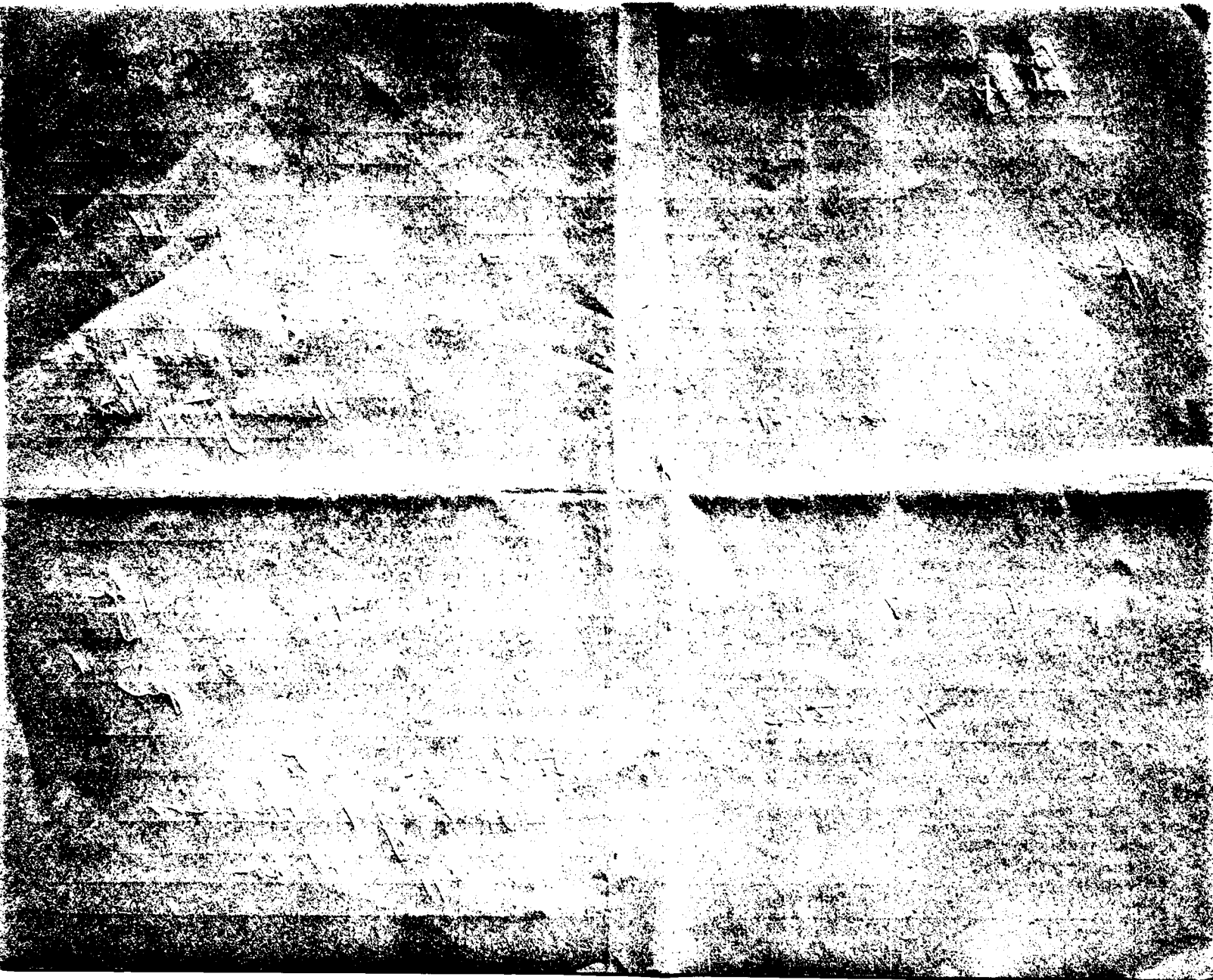
29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth Fall of mother { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Dr. Floyd Achiers, M. D.

Give name added from a supplemental report _____ or _____ Midwife
Address Shelley, Idaho
(Date of) _____

Filed Feb 3, 1937 Wm. Helen E. Feltre Registrar.
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 102233 State File No.	
County of <u>Brigham</u>		Registration District No. <u>121</u>		Local Registrar's No. <u>12</u>	
City of <u>Shelley</u>		Primary Registration District No. <u>2144</u>			
RECEIVED FEB 8 1937		(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Infant Johnson (Stillborn)</u>					
(a) Residence, No. _____		St. <u>Bault Lake</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan 14, 1937</u>					
7. AGE Years	Months	Days	If LESS than 1 day <u>—</u> hrs. or <u>—</u> min.		
<u>Infant</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Shelley, Idaho</u> (State or country)					
13. NAME <u>Clive Chester Johnson</u>					
14. BIRTHPLACE (city or town) <u>Bault Lake, Fla.</u> (State or country)					
15. MAIDEN NAME <u>Clive Claus</u>					
16. BIRTHPLACE (city or town) <u>Huntington, Wt.</u> (State or country)					
17. INFORMANT <u>Clive Johnson</u> (Address) <u>Bault Lake, Idaho</u>					
18. BURIAL, CREMATION OR DISPOSAL Place <u>Shelley, Idaho</u> Date <u>1-16</u> , 1937					
19. UNDERTAKER <u>Frymald</u> (Address) <u>Shelley, Idaho</u>					
20. FILED <u>Jan 16</u> , 1937 <u>W. H. Matus & Son</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Jan 14 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 14</u> , 1937, to <u>Jan 14</u> , 1937					
Last saw him alive on _____, 1937; death is said to have occurred on the date stated above, at <u>6 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> <u>9 months</u>					
Other contributory causes of importance: <u>Fall of mother</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury. _____					
Nature of injury. _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>H. Lloyd Schenck</u> M. D. (Address) <u>Shelley, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

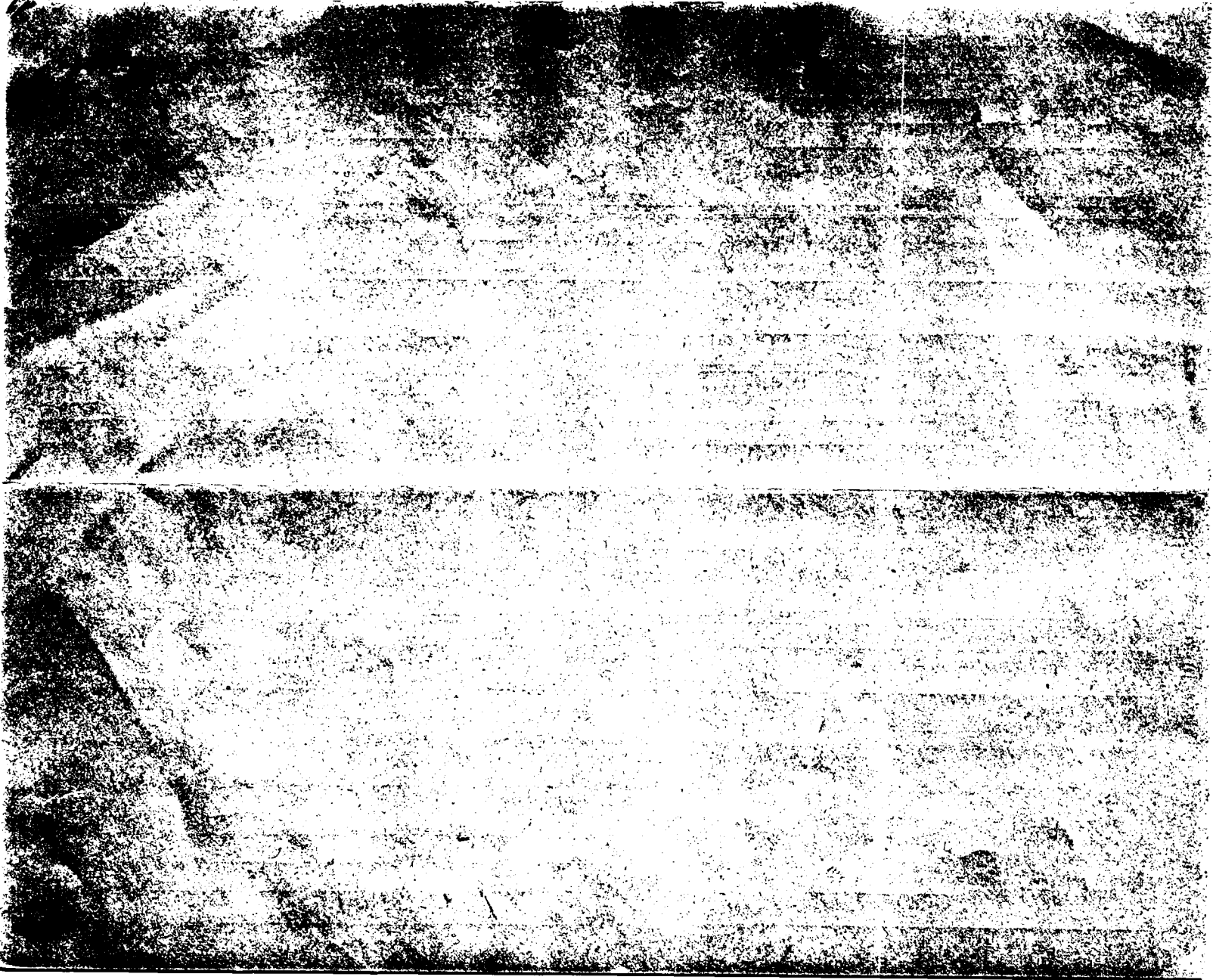
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Shelley</u> No. _____ St. _____		RECEIVED FEB 8 - 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 250941	
(If born in hospital or institution give name.)		Registration District No. <u>121</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Baby Hansen</u>		Prim. Registration District No. <u>2594</u>		Local Registrar's No. <u>24</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1/20, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Melvin Hansen</u>		18. Full maiden name MOTHER <u>Lillian M. Beckstrand</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>38</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Salem, Idaho</u>		21. Age at last birthday <u>38</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		22. Birthplace (city or place) (State or Country) <u>Santagon, Utah</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>at home</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
16. Date (month and year) last engaged in this work <u>1/20, 1937</u>		17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>at home</u>	
25. Date (month and year) last engaged in this work <u>1/20, 1937</u>		26. Total time (years) spent in this work <u>20</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) <u>11</u> (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>yes</u>					
29. If stillborn, period of gestation <u>6 months</u> { months or weeks		30. Cause of Stillbirth <u>Had fully formed heart</u> During labor _____ Before labor <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>2 a</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>Edwin C. Carter</u> M. D.					
or _____ Midwife					
Address <u>Box 86, Shelley, Idaho</u>					
Filed <u>1/20, 1937</u> <u>M. M. M. & P. M. M.</u>					
Registrar. <u>Feb 3 - 1937</u>					



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham,
City of Shelley, Idaho

RECEIVED

FEB 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. I2I

Primary Registration District No. 2I94

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Hansen

(a) Residence. No. Shelley, Idaho.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) ---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 20, 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shelley, Idaho
(State or country)

MOTHER FATHER 13. NAME Melvin Hansen.

14. BIRTHPLACE (city or town) Salem, Idaho
(State or country)

15. MAIDEN NAME Lillian M. Beckstrand

16. BIRTHPLACE (city or town) Santaquin, Utah.
(State or country)

17. INFORMANT Edwin Cutler.
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Shelley Public L. Date Jan 20, 1937

19. UNDERTAKER None Employed
(Address)

20. FILED Feb 6, 1937 Mr. Walter E. ...
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 102242

Local Registrar's No. 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937, to Jan 20, 1937

I last saw him at Stillborn, 1937: death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

Mother painting interior of home, cause of Stillborn.

Date of onset

Jan. 20
1936

Other contributory causes of importance:

none known

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin Cutler, M. D.
(Address) Shelley, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

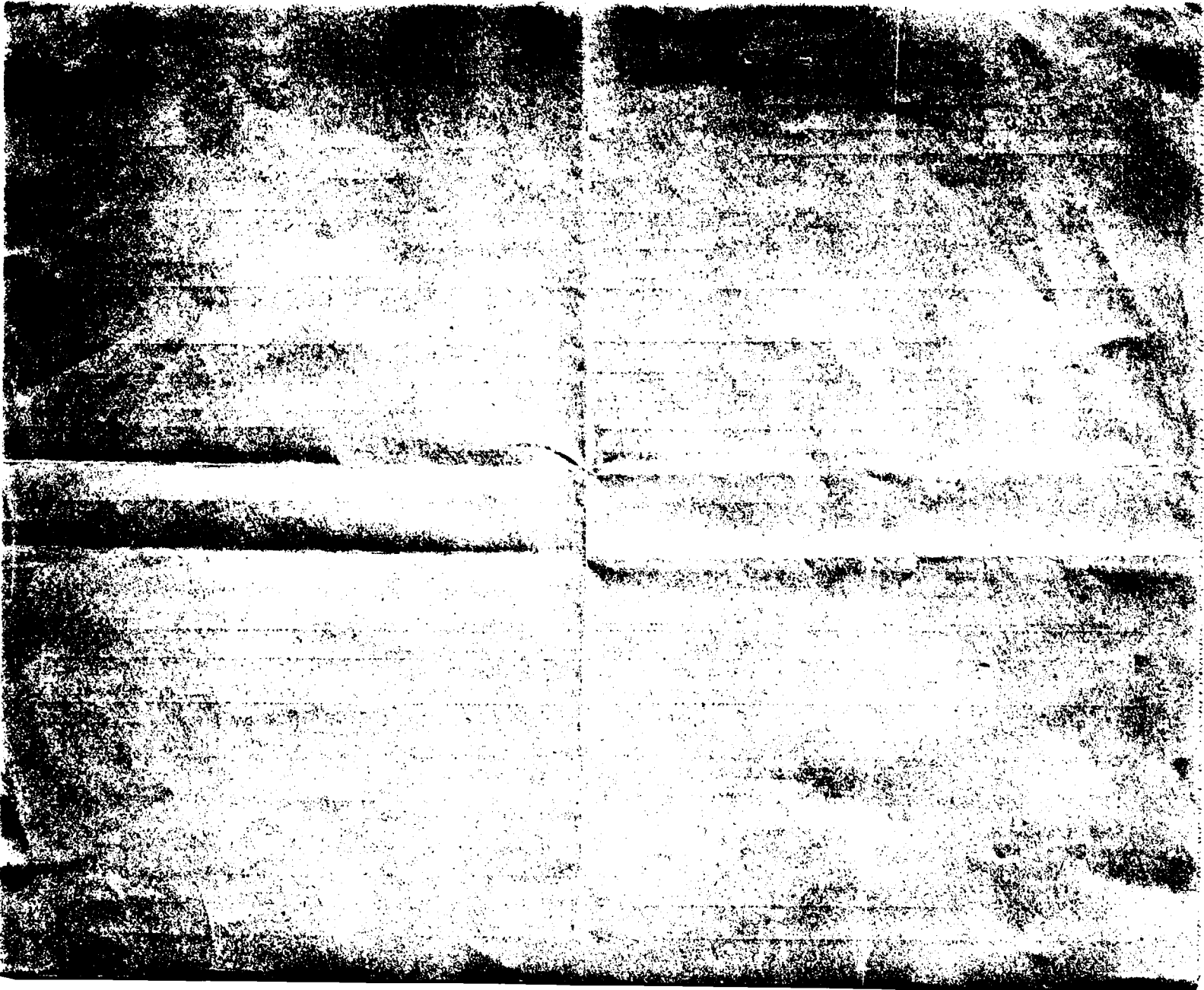
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 250998	
County of <u>Bonneville</u>		City of <u>Idaho Falls, Idaho</u>		No. <u>Memorial Drive</u> St. <u>E. R. D. Hospital</u>		Registration District No. <u>13</u>		State File No. _____	
(If born in hospital or institution give name)		Prim. Registration District No. <u>2147</u>		Local Registrar's No. <u>28</u>					
2. FULL NAME OF CHILD <u>Full born</u>									
3. Sex <u>female</u>		If plural births {		4. Twin, triplet, or other _____		5. Premature <u>2 mo.</u> Legiti- _____		8. Date of birth <u>Jan. 21</u> , 193 <u>7</u> (Month, Day, Year)	
5. Number, in order of birth _____		Full term _____		mate? <u>yes</u>					
9. Full name FATHER <u>Robert Raymond Rue</u>					18. Full maiden name MOTHER <u>Maxine Audrey Williams</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Dubois, Idaho</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Dubois, Idaho</u>				
11. Color or race <u>white</u> 12. Age at last birthday <u>27</u> (years)					20. Color or race <u>white</u> 21. Age at last birthday <u>20</u> (years)				
13. Birthplace (city or place) <u>Twin Bridge, Montana</u> (State or Country)					22. Birthplace (city or place) <u>Dubois, Idaho</u> (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trapper</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Biological Survey</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>				
16. Date (month and year) last engaged in this work <u>January 31, 1927</u>					17. Total time (years) spent in this work <u>2 weeks</u>				
18. Date (month and year) last engaged in this work <u>January 31, 1927</u>					19. Total time (years) spent in this work <u>10 mo.</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>4 to 5 mo</u> { months or weeks					30. Cause of stillbirth <u>Preterm delivery</u> <u>Stillborn</u> Before labor <u>yes</u> During labor <u>yes</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Full born</u> at <u>6 p</u> m. on the date above stated. (Born Alive or Stillborn)									
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____					(Signed) <u>D. M. West</u> , M. D. or _____, Midwife Address <u>Idaho Falls, Idaho</u> Filed <u>7-11</u> , 193 <u>7</u> <u>W. G. Gentry</u> Registrar.				

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls, IdahoSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13Primary Registration District No. 2140

DO NOT WRITE IN THIS SPACE

102799

State File No. _____

Local Registrar's No. 27

MAY 2 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word)
-------------------------	----------------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) Jan. 31, 1937

7. AGE	Years	Months	Days	If LESS than 1 day	hrs.	or min.
<u>4 to 5 month</u>	<u>premature</u>					

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME Robert Raymond Rue14. BIRTHPLACE (city or town) Twinn Bridge
(State or country) Montana15. MAIDEN NAME Mosine Audrey Williams16. BIRTHPLACE (city or town) Bozeman
(State or country) Idaho17. INFORMANT Robert Rue
(Address) Bozeman, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Memorial Date 2/1, 193719. UNDERTAKER James
(Address)20. FILED 2/1, 1937 E. J. J. J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 31 193722. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Jan 31 1937I last saw her alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 6:25 p. m.

The principal cause of death and related causes of importance were as follows:

Stillbirth
(4 1/2 to 5 mo)

Other contributory causes of importance:

Puerperal Nephritis
Mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. J. J. J. M. D.(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia City of Albion No. _____ St. _____
RECEIVED FEB 15 1937
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 251104
Registration District No. 119 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2198 Local Registrar's No. _____
2. FULL NAME OF CHILD Lalores Redman-Stillborn
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legitimate? Yes 8. Date of birth 11/7/1937 (Month, Day, Year)
5. Number, in order of birth No Full term Yes mate? Yes
9. Full name FATHER Victor Redman 18. Full name MOTHER Mildred Alene Barrett
10. Residence (usual place of abode) Albion, Ida 19. Residence (usual place of abode) Albion, Ida
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 38 (years) 20. Color or race W 21. Age at last birthday 19 (years)
13. Birthplace (city or place) Shrewsbury 22. Birthplace (city or place) Albion
(State or Country) N. D. (State or Country) Ida
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At Home 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
OCCUPATION 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 mo. { months or weeks 30. Cause of Stillbirth Unknown During labor No
Before labor Yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive but now dead on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) B. J. Sater M. D.
or _____ Midwife
Address Albion, Ida
Filed Feb 1, 1937 B. J. Sater
Registrar. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **102344**

PLACE OF DEATH **FEB 15**
County of Cassia
City of Albion
Registration District No. 119
Primary Registration District No. 2195
(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. _____

2. FULL NAME Dolores Redman
(a) Residence No. _____ St. _____
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (Write the word.) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Jan 2, 1937</u>		
7. AGE	Years	Months
	Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Stillborn</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (city or town) <u>Albion</u> (State or country) <u>Idaho</u>		

10. NAME OF FATHER <u>Victor Redman</u>
11. BIRTHPLACE OF FATHER (city or town) <u>Shrewsbury</u> (State or Country) <u>N.Y.</u>
12. MAIDEN NAME OF MOTHER <u>Mildred Alice Barrett</u>
13. BIRTHPLACE OF MOTHER (city or town) <u>Albion</u> (State or Country) <u>Idaho</u>

14. Informant (Address) <u>Victor Redman</u>
15. Filed <u>Feb 1, 1937</u> <u>L. L. Sater</u> Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH <u>Jan 7, 1937</u> (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw her alive on _____, 19____ and that death occurred, on the date stated above, at _____ m. *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows: <u>Stillborn</u> <u>Cause unknown</u> (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>L. L. Sater</u> M. D. <u>Jan 20, 1937</u> (Address) <u>Albion</u>
19. Place of Burial, Cremation, or Removal <u>Albion</u> Date of Burial <u>1/9, 1937</u>
20. Undertaker <u>None</u> Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **House-keepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Progreso Idaho
No. Burns Shop St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD
Stillborn

3. Sex
Male

If plural births { 4. Twin, triplet, or other ✓
5. Number, in order of birth ✓

6. Premature NO
Full term Yes

7. Legitimate? NO

8. Date of birth 1-20-1937
(Month, Day, Year)

9. Full name
FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) ✓

11. Color or race ✓ | 12. Age at last birthday ✓ (years)

13. Birthplace (city or place)
(State or Country) ✓

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work ✓
17. Total time (years) spent in this work ✓

18. Full maiden name
MOTHER
Barbara Eva Laurin

19. Residence (usual place of abode)
(If non-resident, give place and State) Republic WA

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place)
(State or Country) Wauconda WA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ✓
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

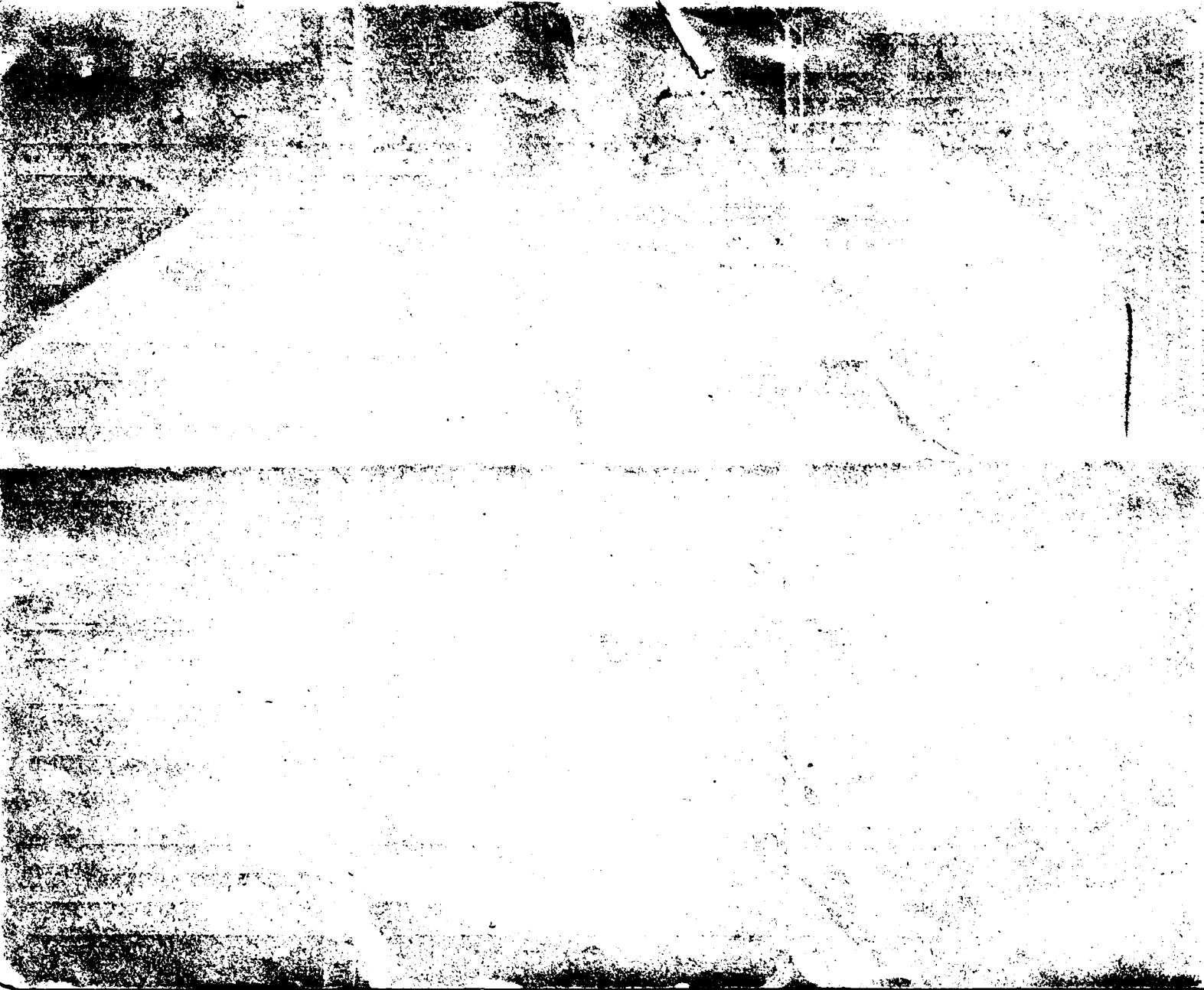
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks

30. Cause of Stillbirth Unknown { During labor ✓
Probably Hydrocephalus Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 6 pm m. on the date above stated.
(Born Alive or Stillborn)
(Signed) W. F. Fryd, M. D.
or _____, Midwife
Address Progreso Idaho
Filed 1-30, 1937 H. A. Shaw
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Clearwater
City of Proffins Idaho **CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE

State File No. **102361**

Registration District No. 90

Primary Registration District No. 2157

Local Registrar's No. 9

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Laurie Stillborn
(a). Residence. No. Proffins Idaho St. Proffins Idaho
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) stillborn
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn
6. DATE OF BIRTH (month, day, and year) 1-20-1937 Stillborn
7. AGE Years Months Days If LESS than 1 day hrs. or min. Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) Stillborn
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Proffins Idaho (State or country) Buena Vista

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

15. MAIDEN NAME Barbara Eva Laurie

16. BIRTHPLACE (city or town) (State or country) Franklin Idaho

17. INFORMANT mother (Address) Proffins

18. BURIAL, CREMATION OR REMOVAL Place Proffins Date Jan 23, 1937

19. UNDERTAKER (Address) Proffins Mortuary

20. FILED 1-22, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) unknown 1937
22. I HEREBY CERTIFY, That I attended deceased from stillborn, 1937, to ✓, 1937.
I last saw him alive on ✓, 1937; death is said to have occurred on the date stated above, at unknown.
The principal cause of death and related causes of importance were as follows:

Probably Nephrosis

Other contributory causes of importance:

Date of onset

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Autopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury ✓, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. William M. Floyd M. D. S. (Address) Proffins Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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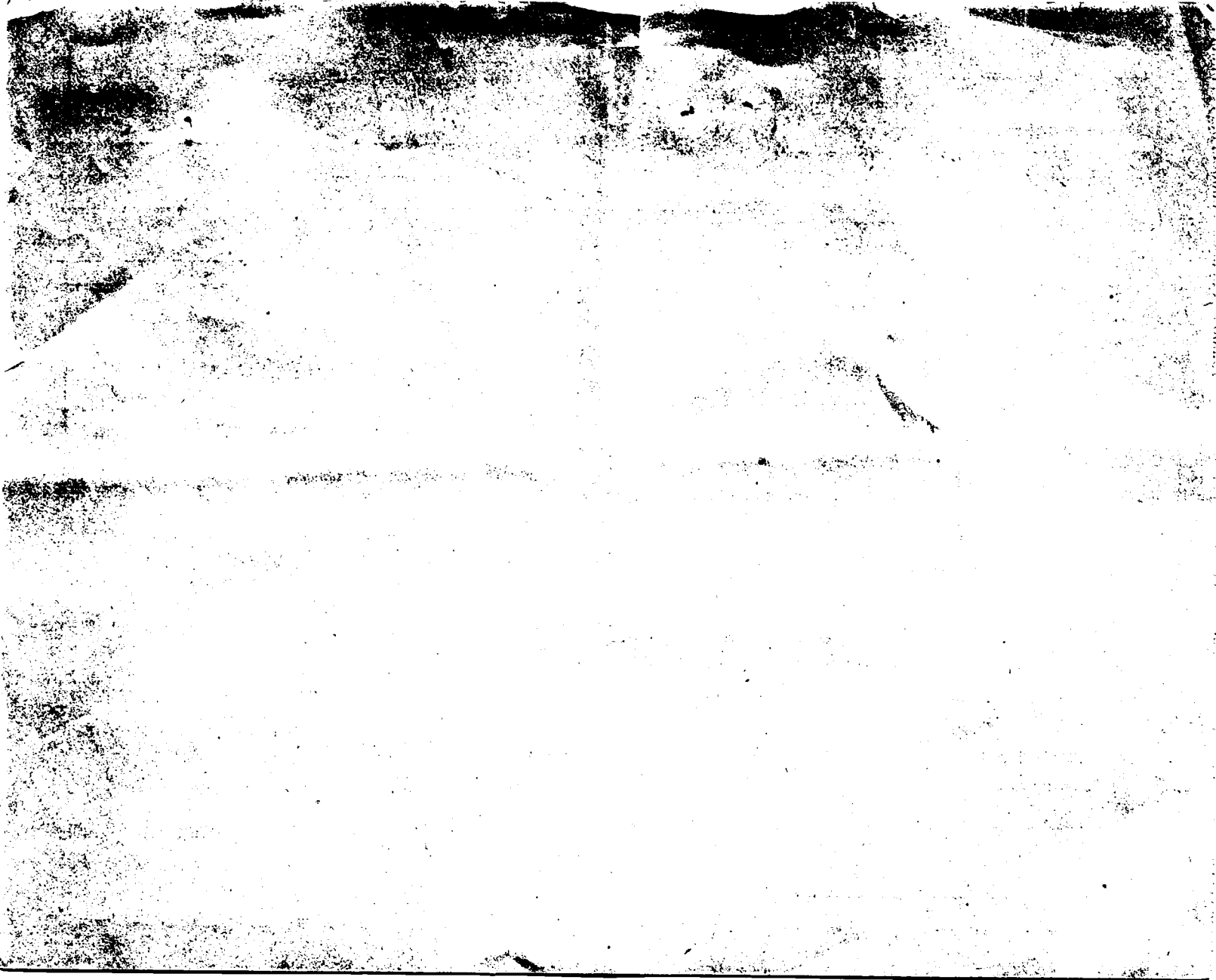
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Labor Pains started normally & stopped - Cord and tumor mass presented. Head so malformed forceps would not hold - so did a podalic. Probably dead about two weeks or ten days - Skin bluish -

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Clearwater</u> City of <u>Croftsville</u> No. <u>Croftsville Hospital</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S. 251146	
Registration District No. <u>90</u> State File No. _____		Prim. Registration District No. <u>2187</u> Local Registrar's No. <u>18</u>	
(If born in hospital or institution give name.)			
2. FULL NAME OF CHILD <u>unnamed</u>			
3. Sex <u>7</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Jan 20</u> , 19 <u>37</u> (Month, Day, Year)			
9. Full name <u>Lewis Emmett Fay</u> FATHER		18. Full maiden name <u>Ethel Hollingsworth</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		21. Age at last birthday <u>24</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
16. Date (month and year) last engaged in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
18. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
19. _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>3</u>			
29. If stillborn, period of gestation <u>Term</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>unknown</u> { During labor _____ Before labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10:30</u> a.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>A. B. Pappenberg</u> , M. D.			
or _____, Midwife			
Address <u>Croftsville Idaho</u>			
Filed <u>1-30</u> , 19 <u>37</u> <u>H. A. Khan</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>blawater</u>		CERTIFICATE OF DEATH		102359	
City of <u>Oronoke</u>				State File No.	
RECEIVED FEB 5 - 1937		Registration District No. <u>90</u>		Local Registrar's No. <u>2</u>	
		Primary Registration District No. <u>2157</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Jay Not named</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>♂</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1-20-37</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)					
MOTHER/FATHER	13. NAME <u>Lewis Jay</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Beck Idaho</u>				
	15. MAIDEN NAME <u>Ethel Hollingsworth</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Beck Idaho</u>					
17. INFORMANT <u>Father Lewis Jay</u> (Address) <u>Oronoke</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Oronoke</u> Date <u>1-22, 1937</u>					
19. UNDERTAKER <u>H. A. Shaw</u> (Address) <u>Chloe Shaw Buchanan</u>					
20. FILED <u>1-22, 1937</u> <u>H. A. Shaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>1-20 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from 193...., to 193....					
I last saw h... alive on 193....; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>cause not determined</u>					Date of onset <u>2 to 4 days</u>
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? ... Was there an autopsy? ... <u>no</u>					
23. If death was due to exte'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury... 193.					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify					
(Signed) <u>H. A. Shaw</u> M. D.					
(Address) <u>Oronoke Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. St. Anthony Gen. Hosp. St. FEB 11 1937
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Pauline Stevens Melhorn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **251195**

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 30, 1937</u> (Month, Day, Year)
9. Full name FATHER <u>William Craig Stevens</u>		18. Full maiden name MOTHER <u>Pauline Louise Gistle</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>29</u> (years)		21. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) <u>Boise Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Galesburg Illinois</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil Service</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>mail carrier</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation Full Term { months or weeks
30. Cause of Stillbirth Cerebral injury - dyslocia between 3:30 at head and 4 at feet During labor yes Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was still born at 5⁵⁸ p.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) J. A. Ellison, M. D.
or _____, Midwife
Address St. Anthony Idaho
Filed Feb. 10, 1937 Sarah B. Munk
Registrar. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Prescott
City of St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 102392

Registration District No. 99Primary Registration District No. 3177Local Registrar's No. 308

FEB 11 1937

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pauline Stevens

(a) Residence. No. St. Anthony Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>January 30 - 1937</u>		
7. AGE Years _____ Months _____ Days <u>0</u>	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (mo. and yr.) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (city or town) St. Anthony Idaho
(State or country)

13. NAME Pauline Stevens

14. BIRTHPLACE (city or town) Boise Idaho
(State or country)

15. MOTHER NAME Pauline Stevens

16. BIRTHPLACE (city or town) Boise Idaho
(State or country)

17. INFORMANT Mr. W. A. Stevens
(Address) St. Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Boise Date 2/2, 1937

19. UNDERTAKER St. Anthony Idaho
(Address)

20. FILED Feb 10, 1937 Sarah B. Munk
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30....., 1937. only....., 1937....
I last saw her alive on Jan 30..... death is said to have occurred on the date stated above at about 2 p.m.
The principal cause of death and related causes of importance were as follows:

Still born -
cerebral injury due to dystocia. Probable cause
Other contributory causes of importance:

Date of onset

Name of operation none Date of.....What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 1937.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Dystocia

Manner of injury cerebral injury probably
Nature of injury cerebral injury probably

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify:.....

(Signed) S. A. Ellison, M. D.(Address) St. Anthony Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
FEB 12 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251255

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. _____ St. _____

Registration District No. 98 State File No. _____

Prim. Registration District No. 2176 Local Registrar's No. 1

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex female If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature YES 7. Legitimate? yes
8. Date of birth 1-18, 1937
(Month, Day, Year)

9. Full name FATHER John R Rapp
18. Full maiden name MOTHER Badah V Summers

10. Residence (usual place of abode) Rigby Idaho
(If non-resident, give place and State)
19. Residence (usual place of abode) Rigby, Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years)
20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Rigby Idaho
(State or Country)
22. Birthplace (city or place) Rigby, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work n w, 1936
17. Total time (years) spent in this work 5 yrs
25. Date (month and year) last engaged in this work now, 1936
26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not inf

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 36 { months or weeks
30. Cause of Stillbirth worry and strain Before labor YES
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

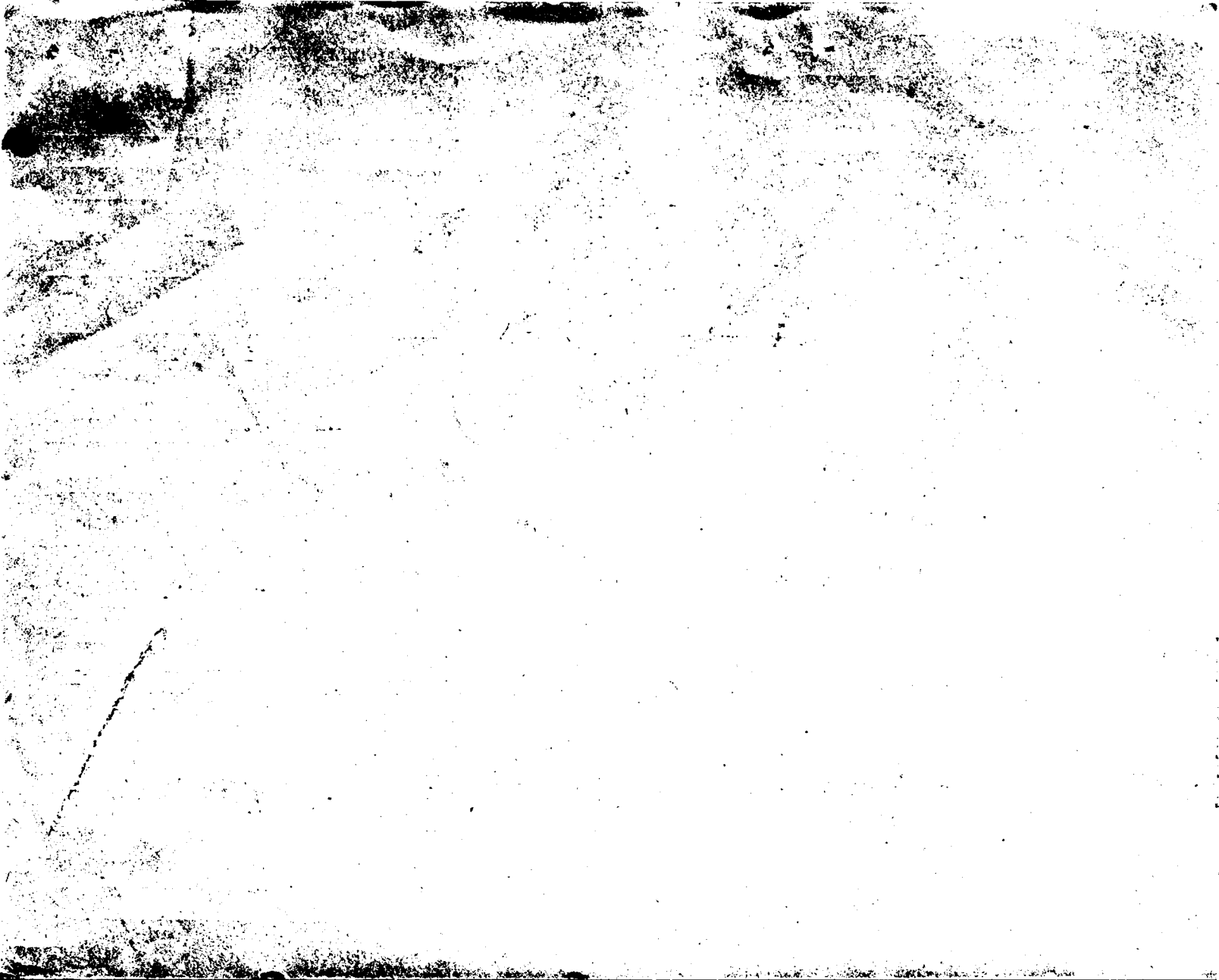
(Signed) AB Eckenell, M. D.

or _____, Midwife

Address Rigby, Idaho

Filed FEB 10 1937, 1937 AB Eckenell

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Clark

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

102420

State File No.

Registration District No. 98Primary Registration District No. 2176Local Registrar's No. 5

FEB 12 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Rapp

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation Clark12. BIRTHPLACE (city or town) (State or country) Jeff. Co. Idaho

MOTHER FATHER

13. NAME John Richard Rapp14. BIRTHPLACE (city or town) (State or country) Rigby Idaho15. MAIDEN NAME Badah Venna Suumers16. BIRTHPLACE (city or town) (State or country) Rigby Idaho17. INFORMANT (Address) Richard Rapp18. BURIAL, CREMATION OR REMOVAL (Address) Route 2 RigbyPlace Rigby, IdaDate Jan. 18, 193719. UNDERTAKER (Address) B. J. Suumers20. FILED Jan. 18, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 18, 193722. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937, to 1-18, 1937I last saw her alive on 1-18, 1937; death is saidto have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance

were as follows

shot from probably
dead 1 week before
birth

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. J. Suumers(Address) Rigby, Ida.

APR 10 2003

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. _____ St. _____

Registration District No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251261

(If born in hospital or institution give name.)

Prim. Registration District No. _____

Local Registrar's No. _____

2. FULL NAME OF CHILD Leroy Arthur Potter - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate yes 8. Date of birth Jan 13, 1937 (Month, Day, Year)

9. Full name Roy Carroll Potter FATHER

10. Residence (usual place of abode) Jerome Ida (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 40 (years)

13. Birthplace (city or place) Piedmont S. D. (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Dealer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. De Soto

16. Date (month and year) last engaged in this work Jan 1937 17. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% and 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months _____ or weeks _____

30. Cause of Stillbirth Difficult labor { During labor yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Reuben C. Matson, M. D.

or _____, Midwife

Address Jerome Idaho

Filed Feb 9, 1937 by Dr. C. F. Zeller Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102427

Registration District No. 18

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Jerome, Ida. St. Make

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan 13-37</u>		
7. AGE	Years <u>X</u>	Months <u>X</u>
	Days <u>X</u>	If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

13. NAME Ray C. Patten

14. BIRTHPLACE (city or town) L. LaBelle
(State or country) Idaho

15. MAIDEN NAME Bertha Beattie

16. BIRTHPLACE (city or town) Michigan
(State or country) Michigan

17. INFORMANT Lillian Beattie
(Address) Jerome

18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 193__

19. UNDERTAKER D. A. Hermanson
(Address) Jerome, Idaho

20. FILED Feb. 9, 1937 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 13, 1937.
I last saw him alive on Jan 13, 1937; death is said

to have occurred on the date stated above, at 12:24 P. m.
The principal cause of death and related causes of importance were as follows:

Stillborn due to difficult labor

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Jerome C. Matson, M. D.
(Address) Jerome Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION:--Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant--private family, cook--hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(The following section contains horizontal lines for writing.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S251262

Registration District No. 18 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

3. Sex Female If plural { 4. Twin, triplet, or other 1 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth 1 Full term yes mate? yes 8. Date of birth Jan 14, 1937
(Month, Day, Year)

9. Full name Alfred R. Robinson FATHER
10. Residence (usual place of abode) Jerome, Idaho
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Idaho
(State or Country)

14. Full maiden name Ann L. Quinn MOTHER
15. Residence (usual place of abode) Jerome, Idaho
(If non-resident, give place and State)
16. Color or race W 17. Age at last birthday 26 (years)
18. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dry cleaner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Beautician
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months 9 or weeks _____ 30. Cause of Stillbirth _____ { Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Chas. F. Zeller, M. D.

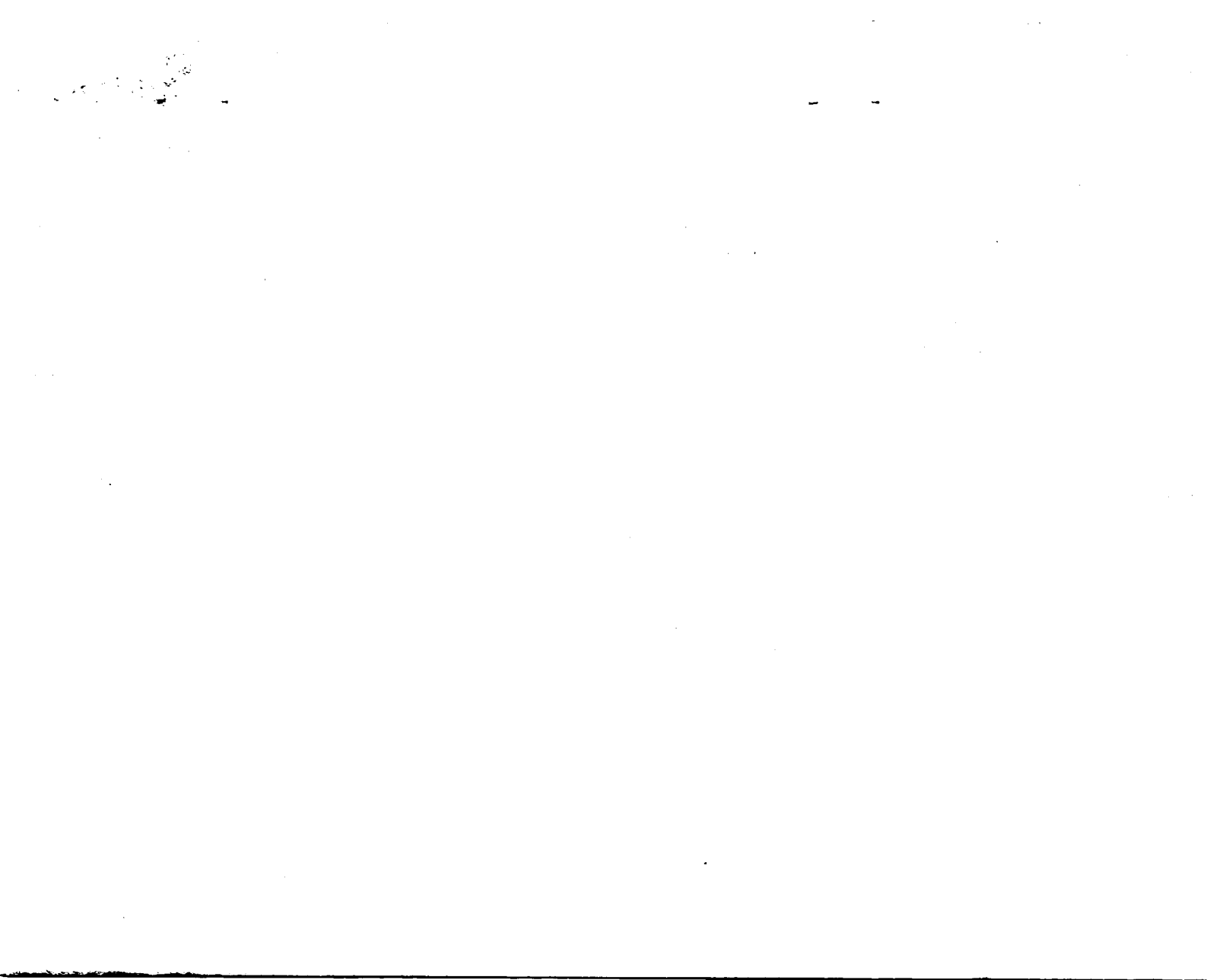
or _____, Midwife

Address Jerome, Idaho

Filed Feb 9, 1937 Dr. C. F. Zeller
Registrar.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

RECEIVED
FEB 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

State File No. 102426

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Un-named Robinson

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 14, 1937</u>		
7. AGE	Years	Months
	<u>0</u>	<u>0</u>
		Days
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day ____ hrs. or ____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome, Ida.
(State or country)

13. NAME Alfred A. Robinson

14. BIRTHPLACE (city or town) Bentley
(State or country) Okla.

15. MAIDEN NAME Born Davidian

16. BIRTHPLACE (city or town) Albion
(State or country) Idaho

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date Jan 14 1937

19. UNDERTAKER St. A. L. Robinson
(Address) Jerome Idaho

20. FILED 1/15, 1937 C. F. Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Jan 14, 1937
I last saw him Still Born, 1937; death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Placental Degeneration

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. F. Zeller, M. D.
(Address) Jerome Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

636 102-028-119

1. PLACE OF BIRTH
County of Kootenai
City of Cataldo, Idaho
No. _____ St. _____

RECEIVED
FEB 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
251276

(If born in hospital or institution give name.)

Registration District No. 30 State File No. _____

Prim. Registration District No. 1050 Local Registrar's No. 3

2. FULL NAME OF CHILD Junior Earl Flagel

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth Jan 2, 1937
5. Number, in order of birth _____ Full term yes

9. Full name FATHER Gottlieb M. Flagel

18. Full maiden name MOTHER Pauline Maier

10. Residence (usual place of abode) (If non-resident, give place and State) Cataldo, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Cataldo, Idaho

11. Color or race W 12. Age at last birthday 27 (years)

20. Color or race W 21. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or country) North Dakota

22. Birthplace (city or place) (State or country) South Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____
19 _____ in this work _____

25. Date (month and year) last engaged in this work June 1, 1937 26. Total time (years) spent _____
_____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth unknown
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Resident at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Give name added from a supplemental report. _____
(Date of) _____

or Mrs. Alice Donald, Midwife

Address Cataldo, Idaho

Filed Jan 8, 1937 F. F. Harning

Registrar.

Registrar.

OFFICE OF THE ATTORNEY GENERAL

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

IN REPLY TO YOUR LETTER OF

DATE OF NOVEMBER 10, 1964

RE: [Illegible]

YOUR REQUEST FOR INFORMATION

IS BEING HANDLED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Cataldo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

102437

State File No.

Registration District No. 30Primary Registration District No. 1050 Local Registrar's No. 2(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

W5. Single, Married, Widowed or Divorced (write the word)
single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planer,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Cataldo, Idaho
(State or country)

MOTHER/FATHER

13. NAME

Gottlieb M. F. Lagel14. BIRTHPLACE (city or town)
(State or country)North Dakota

15. MAIDEN NAME

Pauline Maier16. BIRTHPLACE (city or town)
(State or country)South Dakota17. INFORMANT
(Address)Gottlieb M. F. Lagel
Cataldo, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Rose Lake, Idaho Date Jan. 4, 193719. UNDERTAKER
(Address)

20. FILED

Jan 3, 1937 F. F. Horning, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3, 193722. I HEREBY CERTIFY, That I did not attend deceased fromJan 3, 1937 to Jan 2, 1937.
I did not see last saw him alive on Jan 2, 1937; death is said
to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of impor-
tance were as follows:

Date of onset

Stillborn Child
(Cause of stillbirth
unknown)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also
the following:

Accident, suicide, or homicide? Date of injury, 1937.

Where did injury occur?
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation

of deceased? No If so specify: Coroner(Signed) Hamilton J. Greenwood, M.D.(Address) Calver, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Booleing</u> City of <u>Post Falls, Ida.</u> No. _____ St. _____ Registration District No. <u>30</u> State File No. <u>S 251277</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH FEB 9 1937	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1050</u> Local Registrar's No. <u>4</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>Jan 2, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Wesley B. Maine</u>		18. Full maiden name MOTHER <u>Margaret Gink</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>4 1/2</u> (years)		21. Age at last birthday <u>38</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Camden, Wash.</u>		22. Birthplace (city or place) (State or Country) <u>Coeur d'Alene, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Logging truck driver</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Lumbering</u>		
	16. Date (month and year) last engaged in this work <u>Jan 2, 1937</u>		
17. Total time (years) spent in this work <u>2 years</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		25. Date (month and year) last engaged in this work <u>Jan 2, 1937</u>	
26. Total time (years) spent in this work <u>20</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Not used</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u> { months or weeks		30. Cause of Stillbirth { During labor <u>Pressure on chest</u> Before labor <u>in cord</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) J. J. Harming

M. D.

or

Midwife

Address Post Falls, Idaho

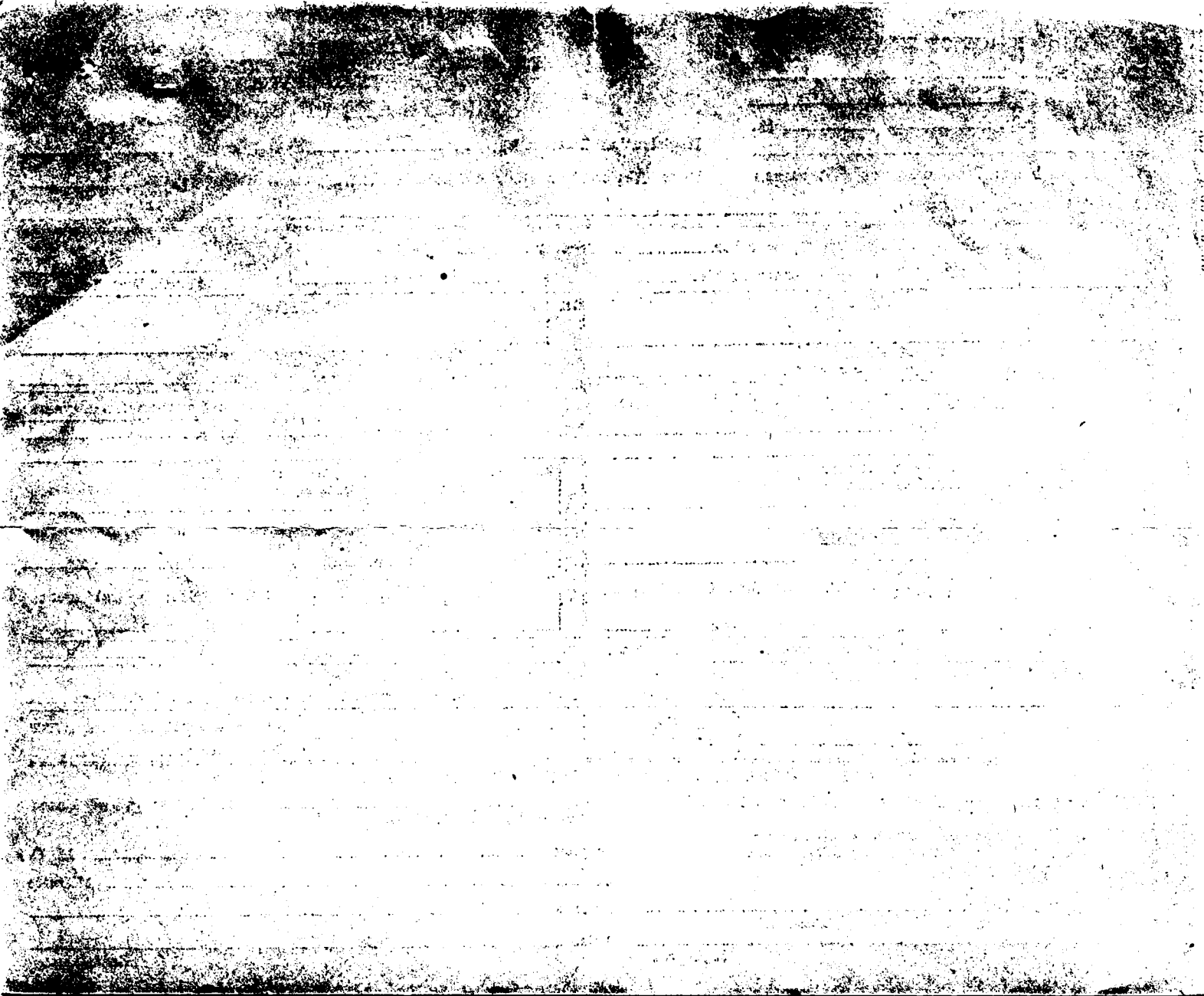
Filed Jan 8

1937

7.7

Harming

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Boonville</i>		CERTIFICATE OF DEATH		State File No. <i>102438</i>	
City of <i>Post Falls, Ida.</i>		Registration District No. <i>30</i>		Local Registrar's No. <i>3</i>	
Primary Registration District No. <i>1050</i>					
(No. <i>1937</i>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Stillborn baby</i>					
(a) Residence. No. <i>2</i> St. <i>2nd</i>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>None</i>					
6. DATE OF BIRTH (month, day, and year) <i>Jan. 3, 1937</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <i>Post Falls, Ida.</i>					
13. NAME <i>Wesley B. Maine</i>					
14. BIRTHPLACE (city or town) (State or country) <i>Camden, N. H.</i>					
15. MAIDEN NAME <i>Margaret G. Jones</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Boonville, Idaho</i>					
17. INFORMANT (Address) <i>Mr. B. Maine, Post Falls, Ida.</i>					
18. BURIAL, CREMATION, OR REMOVAL Place <i>Blanchard, Ida.</i> Date <i>Jan. 3, 1937</i>					
19. UNDERTAKER (Address) <i>Wm. Le Roy Stanger, Post Falls, Ida.</i>					
20. FILED <i>Jan. 5, 1937</i> <i>3. 3. Haring, M. D.</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Jan. 3, 1937</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Jan. 3, 1937</i> , 1937, to <i>Jan. 3, 1937</i> , 1937.					
I last saw him alive on <i>Jan. 3, 1937</i> , 1937; death is said to have occurred on the date stated above, at <i>Post Falls, Ida.</i> m.					
The principal cause of death and related causes of importance were as follows: <i>Stillborn baby. Pressure of the head on cord in utero.</i>					
Other contributory causes of importance:					
Name of operation <i>Alum</i> Date of <i>Jan. 3, 1937</i>					
What test confirmed diagnosis? <i>Clinical</i> Was there an autopsy? <i>No</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <i>None</i> Date of injury <i>Jan. 3, 1937</i>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <i>Wm. Le Roy Stanger</i> M. D.					
(Address) <i>Post Falls, Ida.</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF BIRTH
 County of Latah
 City of Troy
 No. _____ St. _____
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 RECEIVED
 FEB 5 1937
 CERTIFICATE OF BIRTH S 251290
 Registration District No. 64 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2144 Local Registrar's No. _____

2. FULL NAME OF CHILD Stellborn

3. 5 If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature? yes Full term _____
 7. Legiti- yes _____
 8. Date of birth 1/18 1937
 (Month, Day, Year)

9. Full name FATHER Arthur Loomis
 10. Residence (usual place of abode) Bozelle Ida
 (If non-resident give place and State)
 11. Color or race White 12. Age at last birthday 27 (years)
 13. Birthplace (city or place) Idaho
 (State or Country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leborr
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work Oct 1934
 17. Total time (years) spent in this work 2
 18. Full name MOTHER Dorothy Luderman
 19. Residence (usual place of abode) Bozelle Ida
 (If non-resident give place and State)
 20. Color or race White 21. Age at last birthday 22 (years)
 22. Birthplace (city or place) Idaho
 (State or Country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 19____
 26. Total time (years) spent in this work One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living None (b) Born alive but now dead one (c) Stillborn _____
 29. If stillborn, period of gestation 28 weeks { months or weeks _____ }
 30. Cause of abortion { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stellborn at 12:30 m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Chas. Meyer M. D.

or _____ Midwife

Address Troy Idaho

Filed Jan 31 1937 Lucy M. Pickard

Registrar.

MAY 26 2005

OCT 26 2005

OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

102478

County of Latah
City of RECEIVED

CERTIFICATE OF DEATH

State File No.

Registration District No. 64Primary Registration District No. 2144

Local Registrar's No.

(No.)

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME (Stillborn) Loomis

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX G. 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Arthur Loomis14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Dorothy Linderman16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Arthur Loomis18. BURIAL, CREMATION OR REMOVAL
Place Avon Date 1-19 193719. UNDERTAKER (Address) none20. FILED Jan 31, 1937 Lucy M. Pickard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 18, 193722. I HEREBY CERTIFY That I attended deceased from Jan. 18, 1937, to Jan. 18, 1937.

I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
abruptio placentae
hemorrhage
7 months gestation

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 1937.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specific(Signed) Chas. F. Meyer, M.D.(Address) Boz, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Idaho RECEIVED
County of Shoshone STATE OF IDAHO
City of Thurston DEPARTMENT OF PUBLIC WELFARE
No. _____ BUREAU OF VITAL STATISTICS
St. _____ FEB 11 1937
Registration District No. 100 State File No. 251344

(If born in hospital or institution give name.) Prim. Registration District No. 2178 Loc. Registrar's No. 23

2. FULL NAME OF CHILD Stillborn Grover

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Jan. 13, 1937
(Month, Day, Year)

9. Full name Raymond Grover FATHER 18. Full maiden name Katie Browning MOTHER

10. Residence (usual place of abode) Thurston 19. Residence (usual place of abode) Thurston
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 39 (years) 20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Archer 22. Birthplace (city or place) Archer
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Born on farm 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos { months or weeks 30. Cause of Stillbirth unknown During labor _____ Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

(Signed) H. B. Rigby, M. D.
or _____, Midwife
Address _____
Filed 2-8, 1937 W. M. Young
Registrar.

MAY 4 1981

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Archer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No. 102499Local Registrar's No. 1

FEB 11 1937

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Grover(a) Residence. No. Thornton Dr. R.R. 1 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Child Raymond Grover</u>		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 13, 1937</u>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Archer
(State or country) Idaho

MOTHER/FATHER	13. NAME <u>Raymond Grover</u>
	14. BIRTHPLACE (city or town) <u>Lynan</u> (State or country) <u>Idaho</u>
	15. MAIDEN NAME <u>Katie Browning</u>
	16. BIRTHPLACE (city or town) <u>Lynan</u> (State or country) <u>Idaho</u>

17. INFORMANT Raymond Grover
(Address) Thornton Dr. 118. BURIAL, CREMATION OR REMOVAL
Place Archer Date 1-15, 193719. UNDERTAKER Russell W. Lamm
(Address) Archer, Idaho20. FILED B-4, 1937 W. H. Hays
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 13 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1937, to Jan. 13, 1937.
I last saw him alive on Jan. 13, 1937; death is saidto have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stillborn Jan. 13-37
3rd Term. 1:40 P.M.
Came unharmed

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. H. Hays, M. D.
(Address) Archer, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Kimberly</u> No. _____ St. _____ Registration District No. <u>37</u> State File No. <u>251469</u> (If born in hospital or institution give name.) Prim. Registration District No. <u>2086</u> Local Registrar's No. <u>8</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH RECEIVED MAY 12 1937		S	
2. FULL NAME OF CHILD <u>William</u>		3. Sex <u>Male</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>✓</u> 7. Legitimate? <u>✓</u> 8. Date of birth <u>1 9</u> 193 <u>7</u> (Month, Day, Year)	
9. Full name FATHER <u>Perry McGuirk</u>		18. Full maiden name MOTHER <u>Ruby Laskins</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Ida</u>			
11. Color or race <u>W</u> 12. Age at last birthday <u>2 6</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>2 6</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Missouri</u> <u>Greenfield</u>		22. Birthplace (city or place) (State or Country) <u>Oklahoma</u>			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, <u>yes</u> about <u>5 mo.</u> { months or weeks _____ } 30. Cause of Stillbirth <u>?</u> { During labor <u>?</u> Before labor <u>?</u> }					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive and born at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

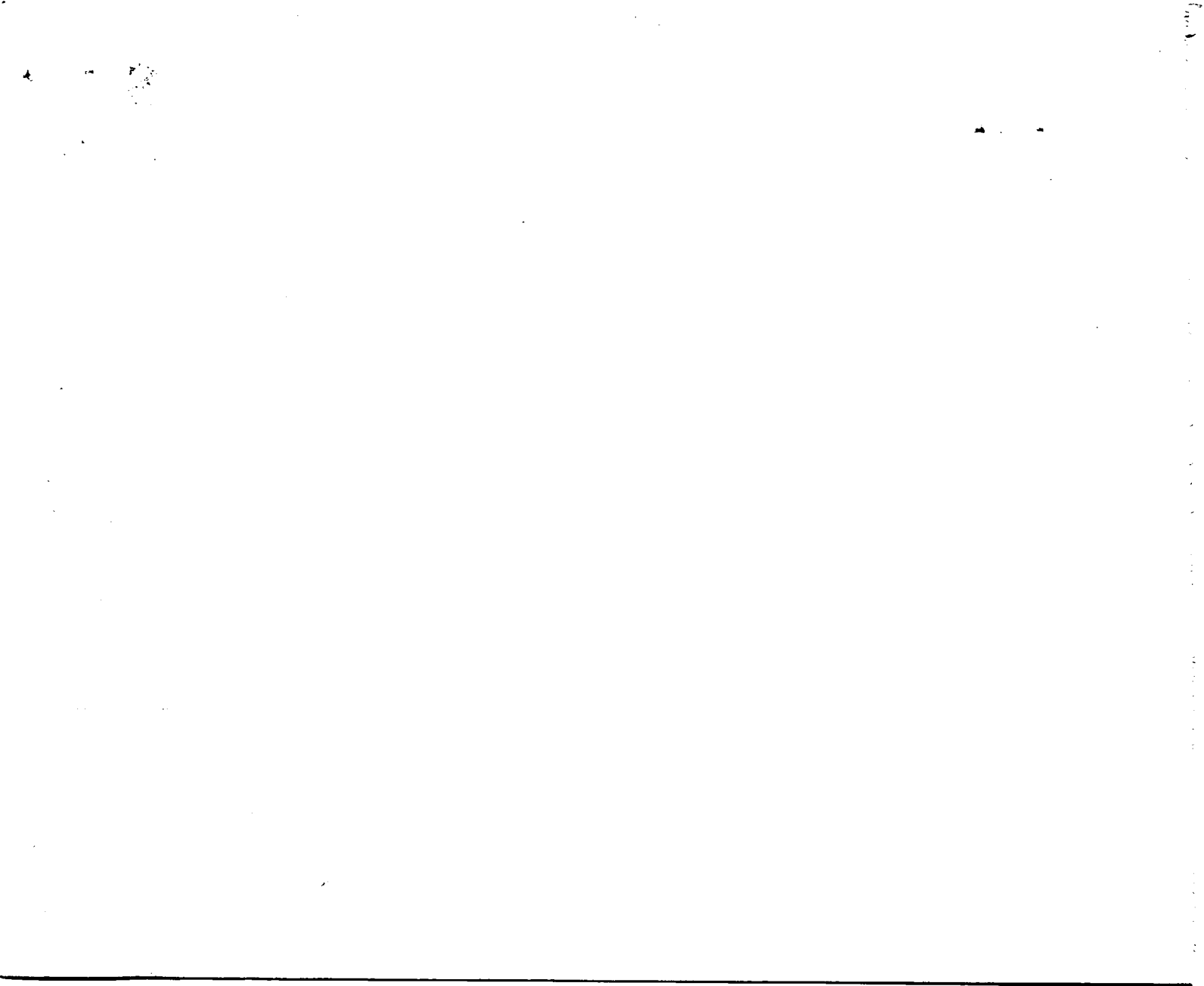
(Signed) O. J. Drake

or _____

Address Twin Falls

Filed 1-9- 1937

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Kimberley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

102597

State File No. _____

Local Registrar's No. 5

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-9-37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kimberley
(State or country)

MOTHER FATHER 13. NAME Perry McQuirk
14. BIRTHPLACE (city or town) Idaho
(State or country)
15. MAIDEN NAME Ruby Larkins
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Perry McQuirk
(Address) Kimberley Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date 1-9- 1937

19. UNDERTAKER Parents
(Address) Kimberley Idaho20. FILED 1-9- 1937 J. H. Larkins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-9-193722. I HEREBY CERTIFY, That I attended deceased from still born, 1937, to _____, 1937I last saw him alive on 0, 1937: death is saidto have occurred on the date stated above, at 2-8 p. m.

The principal cause of death and related causes of importance were as follows:

Baby was Born Dead
Date of onset _____

Other contributory causes of importance:

Premature out about 2 1/2 lbs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Larkins M. D.(Address) Kimberley Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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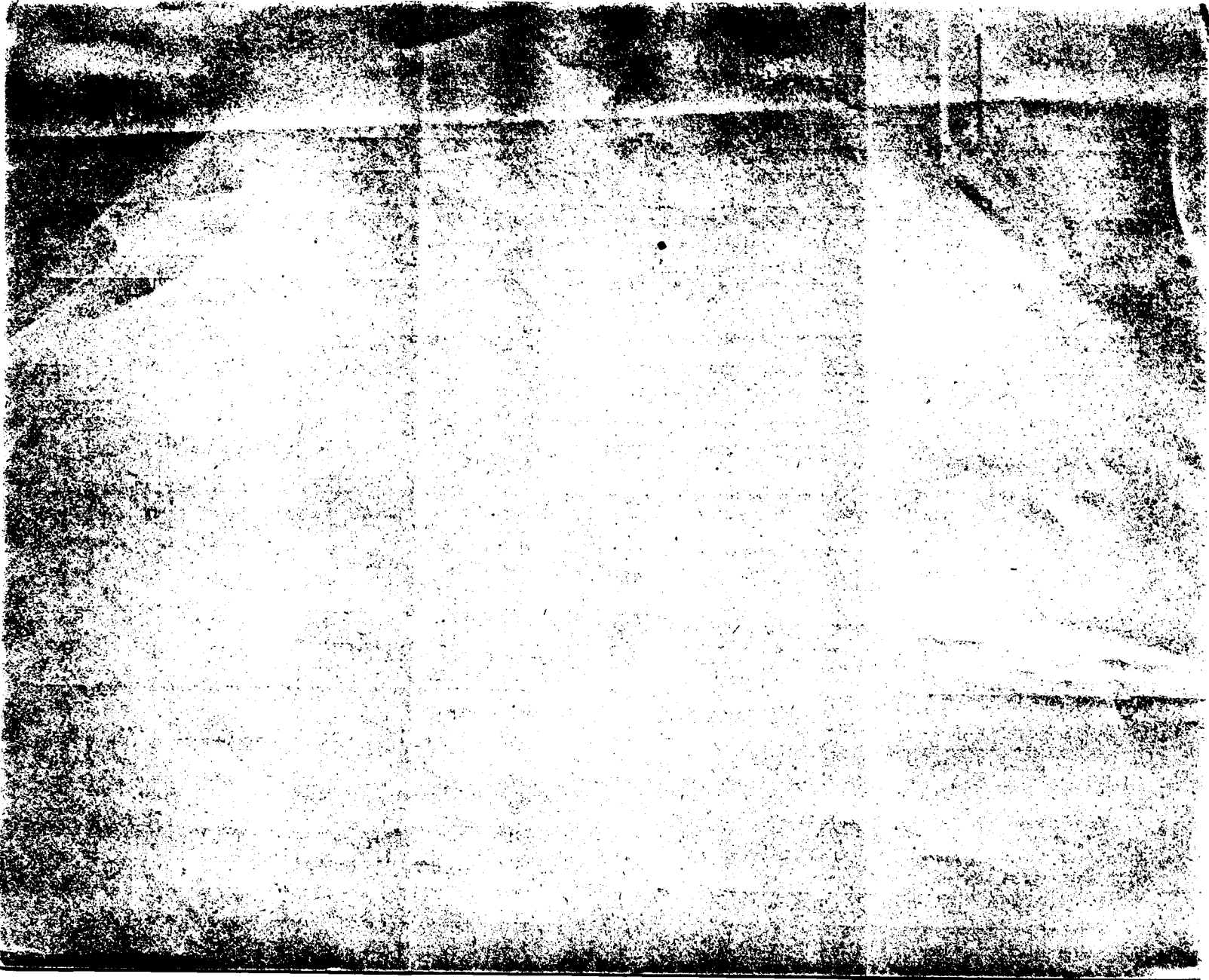
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		251661	
County of <u>Ada</u>		RECEIVED		MAR 10 1937		Registration District No. <u>2</u>		State File No. <u>1004</u>		Local Registrar's No. <u>122</u>	
City of <u>Boise Idaho</u>		No. <u>St. Leonhardus Hosp</u>		Prim. Registration District No. <u>Stillborn</u>		Full term <u>Yes</u>		mate? <u>Yes</u>		Date of birth <u>1-24-1937</u> (Month, Day, Year)	
(If born in hospital or institution give name.)		2. FULL NAME OF CHILD		3. Sex <u>M</u>		If plural births { 4. Twin, triplet, or other <u>1</u>		5. Number, in order of birth <u>1</u>		6. Premature <u>No</u>	
9. Full name		FATHER <u>Island Ruval</u>		18. Full maiden name		MOTHER <u>Jewell Briggs</u>		10. Residence (usual place of abode)		19. Residence (usual place of abode)	
(If non-resident, give place and State) <u>Idaho</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>37</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>35</u> (years)		22. Birthplace (city or place)	
13. Birthplace (city or place)		(State or Country) <u>Ockanosa</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		25. Date (month and year) last engaged in this work <u>To date, 1937</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Self</u>		16. Date (month and year) last engaged in this work <u>To date, 1937</u>		17. Total time (years) spent in this work <u>20 yrs</u>		26. Total time (years) spent in this work <u>19 yrs</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother (At time of this birth and including this child)	
29. If stillborn, period of gestation <u>Full term</u>		{ months or weeks		30. Cause of Stillbirth		{ During labor		Before labor		31. I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5:38</u> a.m. on the date above stated. (Born Alive or Stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		Give name added from a supplemental report		(Date of)		Registrar.		(Signed) <u>Earl L. Jewell</u> , M. D.		or <u>L. E. Jewell</u> , Midwife	
Address		Filed <u>2-20, 1937</u>		Registrar.		Registrar.		Registrar.		Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Bosse

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

102162

State File No.

Registration District No. 2

Primary Registration District No. 1004

Local Registrar's No. 39

(No. St. Alphonsus Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Baby Luvall

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 24 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bain Ida

13. NAME Henry L. Luvall

14. BIRTHPLACE (city or town) (State or country) Kingston Arkansas

15. MAIDEN NAME Jewel Briggs

16. BIRTHPLACE (city or town) (State or country) Kingston Arkansas

17. INFORMANT (Address) J. L. Luvall

18. BURIAL, CREMATION OR REMOVAL

Place Bain Ida Date 1-26 1937

19. UNDERTAKER (Address) W. L. Luvall

20. FILED 1-25 1937 W. L. Luvall

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan 24, 1937.

I last saw him alive on Stillborn, 1937; death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. C. Jewell, M. D.

(Address) Bain Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915	Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		251755	
County of <u>Bingham</u>		Registration District No. <u>121</u>		State File No. <u>1007</u>		Local Registrar's No. <u>24</u>	
City of <u>Blackfoot (Id)</u>		Prim. Registration District No. <u>1007</u>		Local Registrar's No. <u>24</u>			
No. <u>77</u> <u>Madison St.</u>							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>William Miller</u>							
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5-23</u> 19 <u>32</u>	(Month, Day, Year)	
5. Number, in order of birth		Full term					
9. Full name FATHER <u>Engen Miller</u>				18. Full maiden name MOTHER <u>Alma Thompson</u>			
10. Residence (usual place of abode) <u>Blackfoot Id</u>				19. Residence (usual place of abode) <u>Blackfoot Id</u>			
(If non-resident, give place and State)				(If non-resident, give place and State)			
11. Color or race <u>Cauc</u>				21. Age at last birthday <u>33</u> (years)			
12. Age at last birthday <u>33</u> (years)				22. Birthplace (city or place) <u>Idaho</u>			
13. Birthplace (city or place) <u>Idaho</u>				(State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Beer Parlor</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>Present</u>				25. Date (month and year) last engaged in this work <u>Present</u>			
17. Total time (years) spent in this work <u>3 yrs</u>				26. Total time (years) spent in this work <u>4 yrs</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>17 A.N.O.S.</u>							
28. Number of children of this mother (At time of this birth and including this child)							
(a) Born alive and now living <u>14</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>7 months</u>				30. Cause of Stillbirth <u>?</u>			
{ months or weeks				{ During labor Before labor <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was William Miller at 2 30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) A.E. Miller, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed Mar. 3, 1937 1932 Mrs. Helen E. Lohr

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 1007

DO NOT WRITE IN THIS SPACE

State File No. 102771Local Registrar's No. 24

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Miller

(a) Residence. No. 109 E West Side St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Caucasian 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year) 2-23-37

7. AGE Years Months Days If LESS than 1 day hrs. or min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stillborn

10. Date deceased last worked at this occupation (mo. and yr.) Stillborn

11. Total time (years) spent in this occupation Stillborn

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

13. NAME Eugene Miller

14. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

15. MAIDEN NAME Alma Simpson

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT Eugene Miller
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Pres. Idaho Date 2-23, 1937

19. UNDERTAKER Eugene Miller
(Address) Blackfoot, Idaho

20. FILED Feb 23, 1937 Mo. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1937, to 2-23-, 1937.

I last saw him alive on Stillborn, 1937; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Premature 7 months

Other contributory causes of importance:

Name of operation Stillborn Date of Stillborn
What test confirmed diagnosis? Stillborn Was there an autopsy? Stillborn

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Stillborn Date of injury Stillborn, 1937
Where did injury occur? Stillborn
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Stillborn

Manner of injury StillbornNature of injury Stillborn

24. Was disease or injury in any way related to occupation of deceased? Stillborn If so, specify Stillborn

(Signed) Stillborn M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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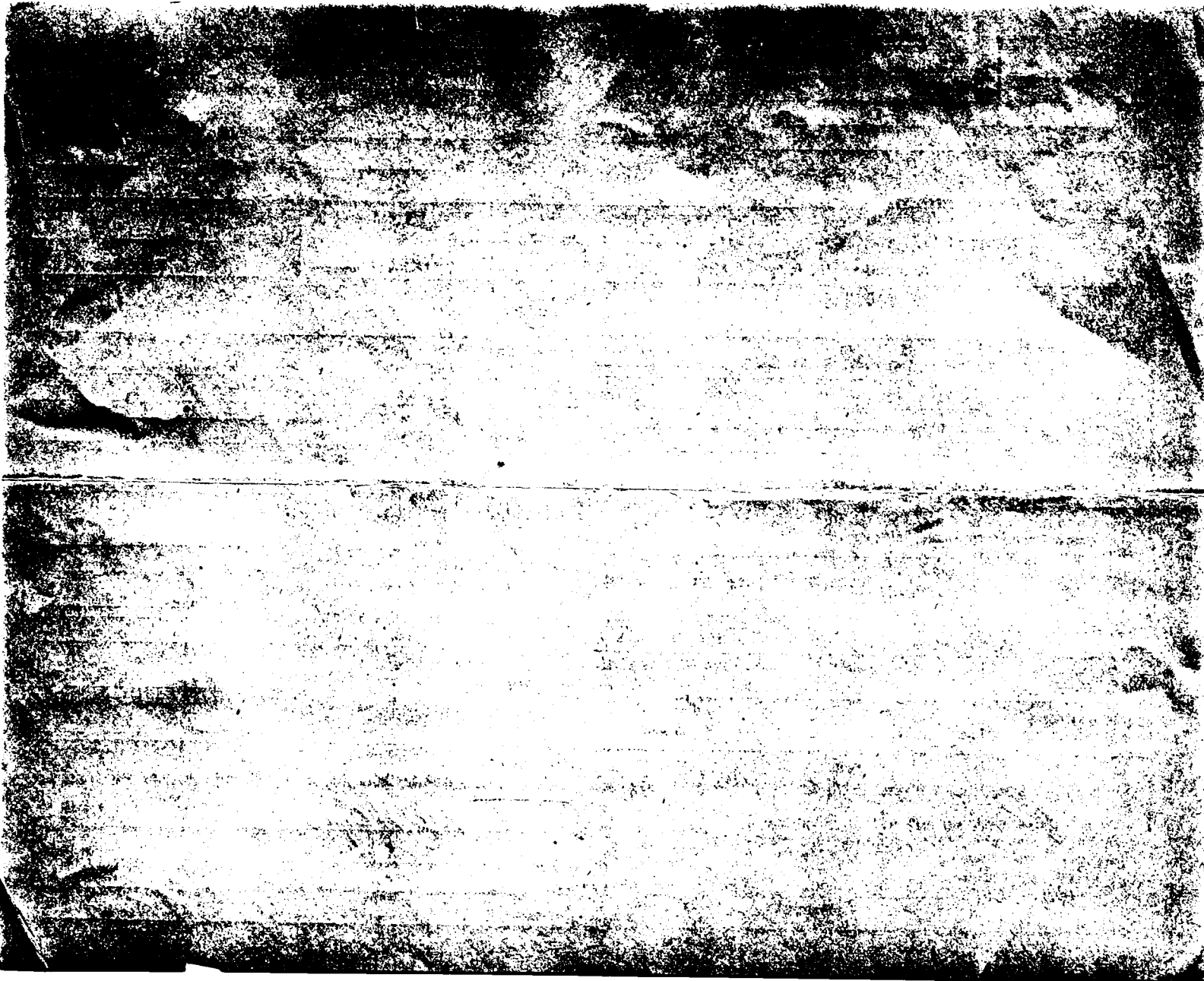
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonner</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Sandpoint</u>		BUREAU OF VITAL STATISTICS	
No. <u>Grasshopper</u> St.		FEB 11 1937	
		CERTIFICATE OF BIRTH	
		251788	
(If born in hospital or institution give name)		Registration District No. <u>28</u> State File No. <u>14</u>	
2. FULL NAME OF CHILD <u>Infant Morris - Stillborn</u>		Prim. Registration District No. <u>2155</u> Local Registrar's No. <u>14</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term _____	7. Legiti- mate? <u>yes</u>
		8. Date of birth <u>Jan 25, 1937</u> (Month, Day, Year)	
9. Full name <u>James Morris</u>		18. Full maiden name <u>Ruth Schoonover</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sagle R.F.D.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sagle R.F.D.</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Scotts Bluff Neb.</u>		22. Birthplace (city or place) (State or Country) <u>Sioux Falls S.D.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Labourer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>8</u> { months <u>0</u> weeks _____			
30. Cause of Stillbirth <u>Unknown</u> { Before labor <u>About 2 days</u> During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>6:15</u> p.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>B. B. Riddle</u> , M. D.			
or _____, Midwife			
Address <u>Sandpoint, Ida.</u>			
Filed <u>July 1, 1937</u> <u>Wright</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner
City of Sandpoint

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

102789

State File No.

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 7

(No. Graham Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth Morris

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 25, 1937

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

MOTHER/FATHER 13. NAME James Morris

14. BIRTHPLACE (city or town) Scottsbluff
(State or country) Nebr.

15. MAIDEN NAME Ruth Schoenover

16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

17. INFORMANT D. C. C. Mendenhall
(Address) Sandpoint, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Sandpoint, Idaho Date Feb. 3, 1937

19. UNDERTAKER Lawrence G. Mearns
(Address) Sandpoint, Idaho

20. FILED 2-3, 1937 W. B. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Stillborn

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Monster 13 lbs

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? el. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) B. B. Mullen M. D.

(Address) Sandpoint, Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sanapoint
No. Graham Hospital St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Still Born
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 3-14, 1927
5. Number, in order of birth _____ Full term yes (Month, Day, Year)
9. Full name Joseph Littlefield FATHER
10. Residence (usual place of abode) Colburn
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Pierce Co. Wisc.
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work 2-14, 1927
17. Total time (years) spent in this work 15
18. Full maiden name Evelyn Mercatus Doyle MOTHER
19. Residence (usual place of abode) Colburn
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Samuels
(State or Country) Iowa
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hof.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 2-14, 1927
26. Total time (years) spent in this work 1
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 months { months or weeks
30. Cause of Stillbirth Cord tight around neck { Before labor Before
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

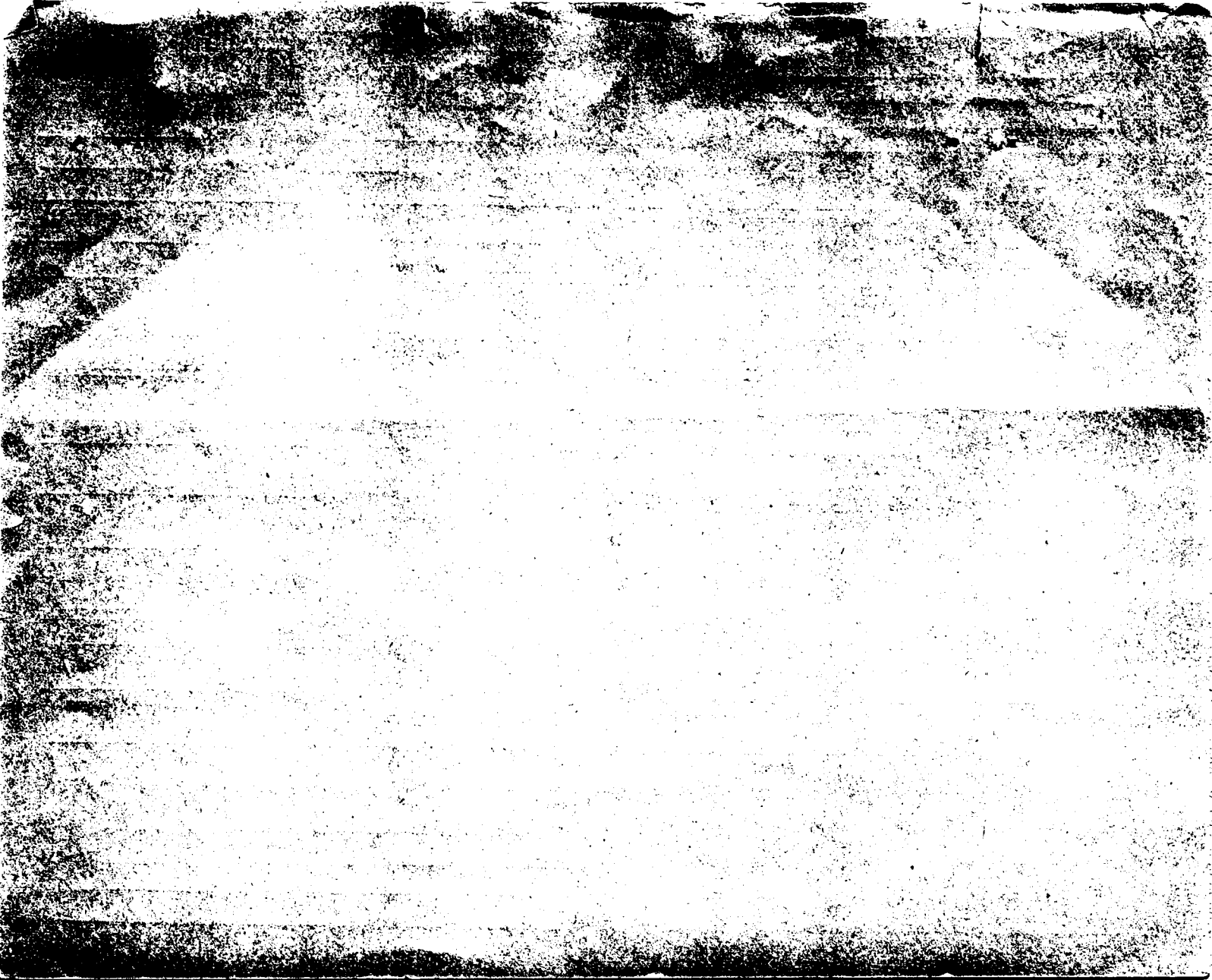
(Signed) C. P. Storchman, M. D.

or _____, Midwife

Address Sanapoint Idaho

Filed Mar 1, 1927 V. L. Goodwin

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		ST. JAHO DEPARTMENTAL BUREAU OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>	City of <u>Sanpoint</u>	CERTIFICATE OF DEATH		State File No. <u>102796</u>	
RECEIVED MAR 10 1937		Registration District No. <u>28</u>		Local Registrar's No. <u>14</u>	
		Primary Registration District No. <u>2155</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn child of Joseph Littlefield</u>					
(a) Residence. No. <u>Graham Hospital</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>2-14-1937-</u>					
7. AGE		Years	Months	Days	If LESS than 1 day... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country)					
MOTHER FATHER	13. NAME <u>Joseph Littlefield</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Prince C.O. Wise</u>				
	15. MAIDEN NAME <u>Evelyn Hoyle</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Samuels</u>				
17. INFORMANT <u>W. C. P. Stackhouse</u> (Address) <u>Sanpoint, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Coeur d'Alene</u> Date <u>July 15, 1937</u>					
19. UNDERTAKER <u>Fisher</u> (Address)					
20. FILED <u>Apr 8, 1937</u> <u>V. C. Goodman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>2-14</u> 193 <u>7</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>at birth</u> , 193...., to, 193....					
I last saw h... alive on, 193.... death is said to have occurred on the date stated above, atm.					
The principal cause of death and related causes of importance were as follows:					
<u>Cardiac arrest</u>					Date of onset
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193....					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If specify.....					
(Signed) <u>W. C. P. Stackhouse</u> , M. D.					
(Address) <u>Sanpoint, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Idaho Falls</u> No. <u>L. S. Hospital</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 251848 Registration District No. <u>73</u> State File No. _____ Prim. Registration District No. <u>214-D</u> Local Registrar's No. <u>81</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>boy</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Feb. 15, 1937</u> (Month, Day, Year)			
9. Full name <u>Leon Robert Krug</u>	FATHER		18. Full maiden name <u>Thara Virginia Wade</u>
10. Residence (usual place of abode) <u>800 9th St. Idaho Falls</u> (If non-resident, give place and State)	11. Color or race <u>W.</u>		12. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) <u>Ogden Utah</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Medical Equipment Company</u>
16. Date (month and year) last engaged in this work <u>Feb. 15, 1937</u>	17. Total time (years) spent in this work <u>2 years</u>		18. Date (month and year) last engaged in this work <u>Feb. 14, 1937</u>
19. Total time (years) spent in this work _____	20. Color or race <u>W.</u>		21. Age at last birthday <u>20</u> (years)
22. Birthplace (city or place) <u>Burley Idaho</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Keeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
25. Date (month and year) last engaged in this work <u>Feb. 14, 1937</u>	26. Total time (years) spent in this work <u>9 mo.</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	29. If stillborn, period of gestation _____ { months or weeks _____		
30. Cause of Stillbirth <u>Choked</u> During labor <u>yes</u> Before labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:40 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

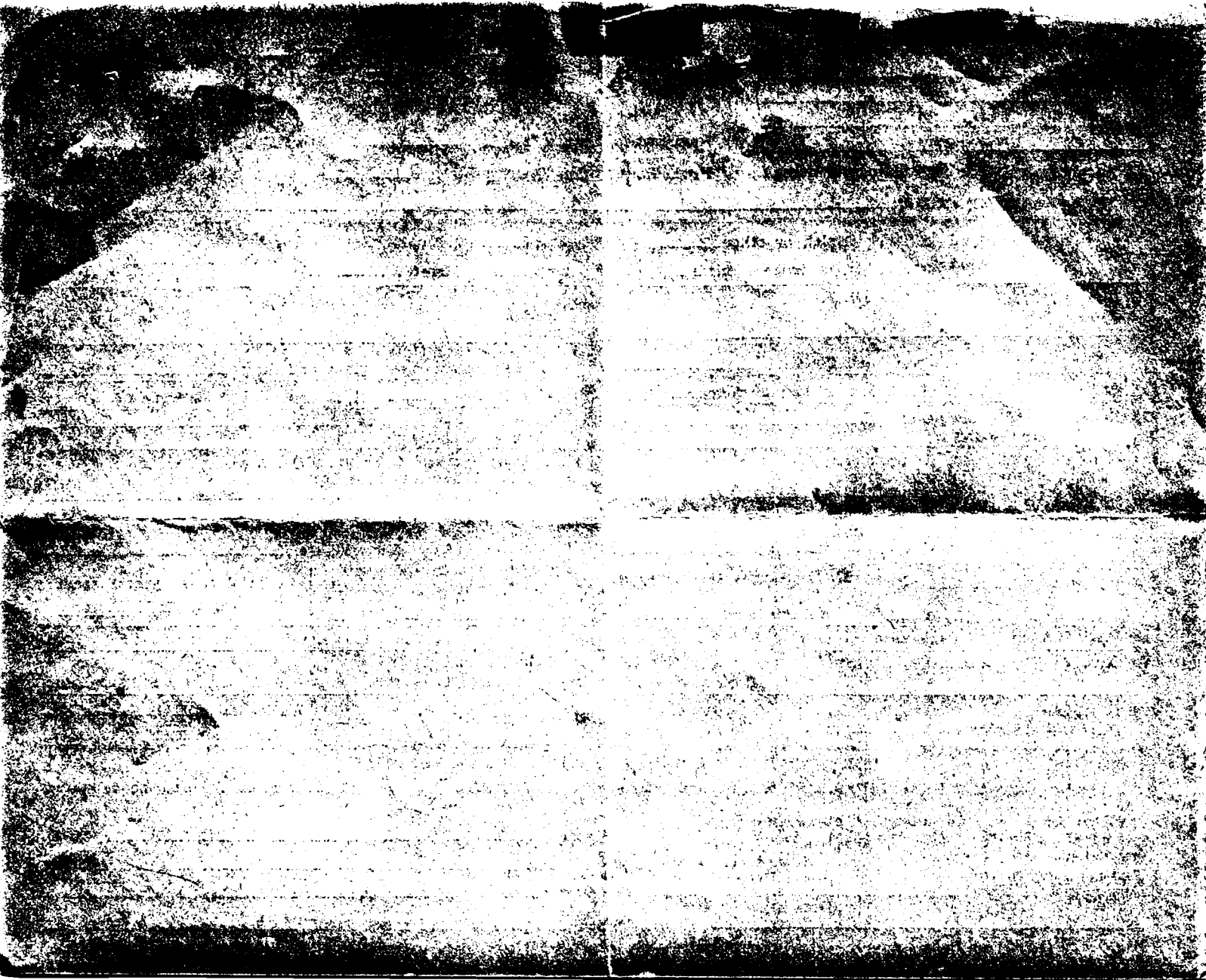
(Signed) W. C. Gunged M. D.

or _____ Midwife

Address Idaho Falls Idaho

Filed 2-14-37, 1937 W. C. Gunged

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 102811	
County of <u>Bonnerville</u>	City of <u>Idaho Falls</u>	CERTIFICATE OF DEATH		State File No. _____	
Registration District No. <u>73</u>		Primary Registration District No. <u>2150</u>		Local Registrar's No. <u>39</u>	
(No. <u>L. A. S. Hospital</u>) Death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>boy</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed or divorced HUSBAND of (or) WIFE of <u>Stillborn</u>					
6. DATE OF BIRTH (month, day and year) <u>2-15-37</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>					
13. NAME <u>Leon Robert King</u>					
14. BIRTHPLACE (city or town) <u>Ogden Utah</u> (State or country)					
15. MAIDEN NAME <u>Mrs. Virginia Wadsworth</u>					
16. BIRTHPLACE (city or town) <u>Burley Idaho</u> (State or country)					
17. INFORMANT <u>Mr. L. R. King</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL <u>Idaho Falls</u> Place Date <u>Feb 15, 1937</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>Feb 15, 1937</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Feb 15, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 15, 1937</u> to <u>Feb 15, 1937</u> . I last saw him <u>Official</u> , 1937; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Still birth</u> Date of onset <u>2-15-37</u>					
Other contributory causes of importance: <u>Phalopex fear</u> <u>2-15-37</u>					
Name of operation _____ Date _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also Accident, suicide, or homicide? _____ Date of injury, 1937.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ (Signed) <u>W. B. Smith</u> M. D. (Address) <u>Idaho Falls, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. Memorial Drive St.
B. B. S. Hospital
(If born in hospital or institution give name.)

RECEIVED
MAR 5 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 251855

Registration District No. 73 State File No. _____
Prim. Registration District No. 21-1-D Local Registrar's No. 88

2. FULL NAME OF CHILD

3. Sex Male If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature Yes 7. Legiti- 8. Date of
Full term _____ mate? yes birth Feb 25, 1937
(Month, Day, Year)

9. Full name FATHER
Leonard B. Hammer
10. Residence (usual place of abode)
(If non-resident, give place and State) Rt #7 Idaho Falls
11. Color or race white 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Woodsville, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Truckee
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work Feb, 1937
17. Total time (years) spent
in this work 2 yrs.

18. Full maiden name MOTHER
Nelsa Stewart
19. Residence (usual place of abode)
(If non-resident, give place and State) Rt #7 Idaho Falls
20. Color or race white 21. Age at last birthday 31 (years)
22. Birthplace (city or place) _____
(State or Country) Utah

OCCUPATION 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Home
25. Date (month and year)
last engaged in this work Feb., 1937
26. Total time (years) spent
in this work 11 yrs

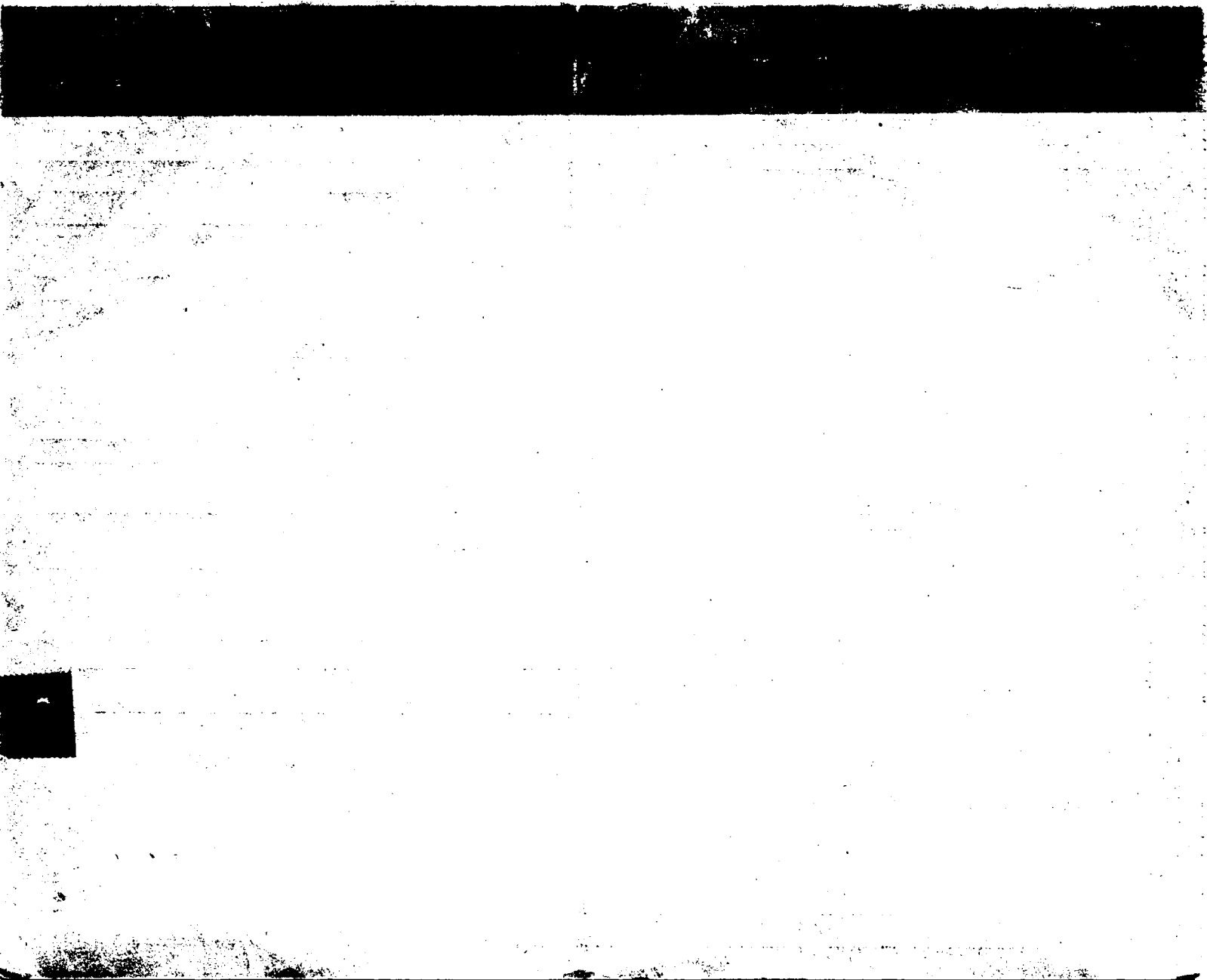
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Res Argemol 20%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, 6 1/2 months { months
period of gestation { or weeks
30. Cause of stillbirth Chromosomal Before labor yes 48 hrs
hypoxic toxemia During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:26 p. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) _____, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Feb 26, 1937 _____ Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.
Give name added from
a supplemental report _____
(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonanza
City of Shoshone Falls, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

102819

State File No.

Registration District No. 73Primary Registration District No. 214-0Local Registrar's No. 47(No. 214-0)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 25 1937

7. AGE Years Months Days If LESS than 1 day hrs. min.
0 0 0 Stillbirth

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoshone Falls, Idaho

MOTHER FATHER

13. NAME Leonard B. Hammer14. BIRTHPLACE (city or town) (State or country) Woodville, Idaho15. MAIDEN NAME Nelsa Stewart16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Leonard B. Hammer18. BIRTH INFORMATION OR REMOVAL Place Stillbirth Date Feb 25 193719. UNDERTAKER (Address) None20. FILED Feb 26 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 25 193722. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937 to Feb 25 1937I last saw him alive on Feb 25 1937: death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Overdamp the right side
Jaundice
mother

Other contributory causes of importance:

6 1/2 fosterName of operation Therapeutic abortion Date of Feb 25 1937What test confirmed diagnosis? Chlorine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? Yes(Signed) Dr. Brown(Address) Shoshone Falls, Idaho

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				251857	
County <u>Bonner</u> City of <u>Bonner Ferry</u> No. <u>50</u> <u>Bonner Ferry Hospital</u> (If born in hospital or institution give name.)			Registration District No. <u>79</u>		State File No. _____			
2. FULL NAME OF CHILD <u>John</u>			Prim. Registration District No. <u>215-6</u>		Local Registrar's No. _____			
3. Sex <u>Male</u> (If plural births _____)			4. Twin, triplet, or other _____		5. Number, in order of birth _____		6. Premature _____	
7. Legiti- mate _____			8. Date of birth <u>Feb 27</u> 1937 (Month, Day, Year)					
9. Full name <u>John M. Callham</u>			FATHER		18. Full maiden name <u>Mary Leone Kirkdall</u>			
10. Residence (usual place of abode) <u>Bonner Ferry</u> (If non-resident, give place and state)			11. Color or race <u>Wh</u>		12. Age at last birthday <u>29</u> (years)		19. Residence (usual place of abode) <u>Bonner Ferry</u> (If non-resident, give place and state)	
13. Birthplace (city or place) <u>Colorado</u> (State or country)			20. Color or race <u>Wh</u>		21. Age at last birthday <u>27</u> (years)		22. Birthplace (city or place) <u>Kansas</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>5</u>	
18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		20. Date (month and year) last engaged in this work _____		21. Total time (years) spent in this work <u>5</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____								
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>								
29. If stillborn, Full term } months period of gestation } or weeks			30. Cause of stillbirth <u>Difficult labor</u> <u>and around heart</u>					
Before labor _____			During labor <u>✓</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3A m. on the date above stated.
(Be sure alive or stillborn)

(Signed) Rm Bourke, M. D.

or _____, Midwife

Address Bonner Ferry Idaho

Filed Mar 1 1937 Rm Bourke

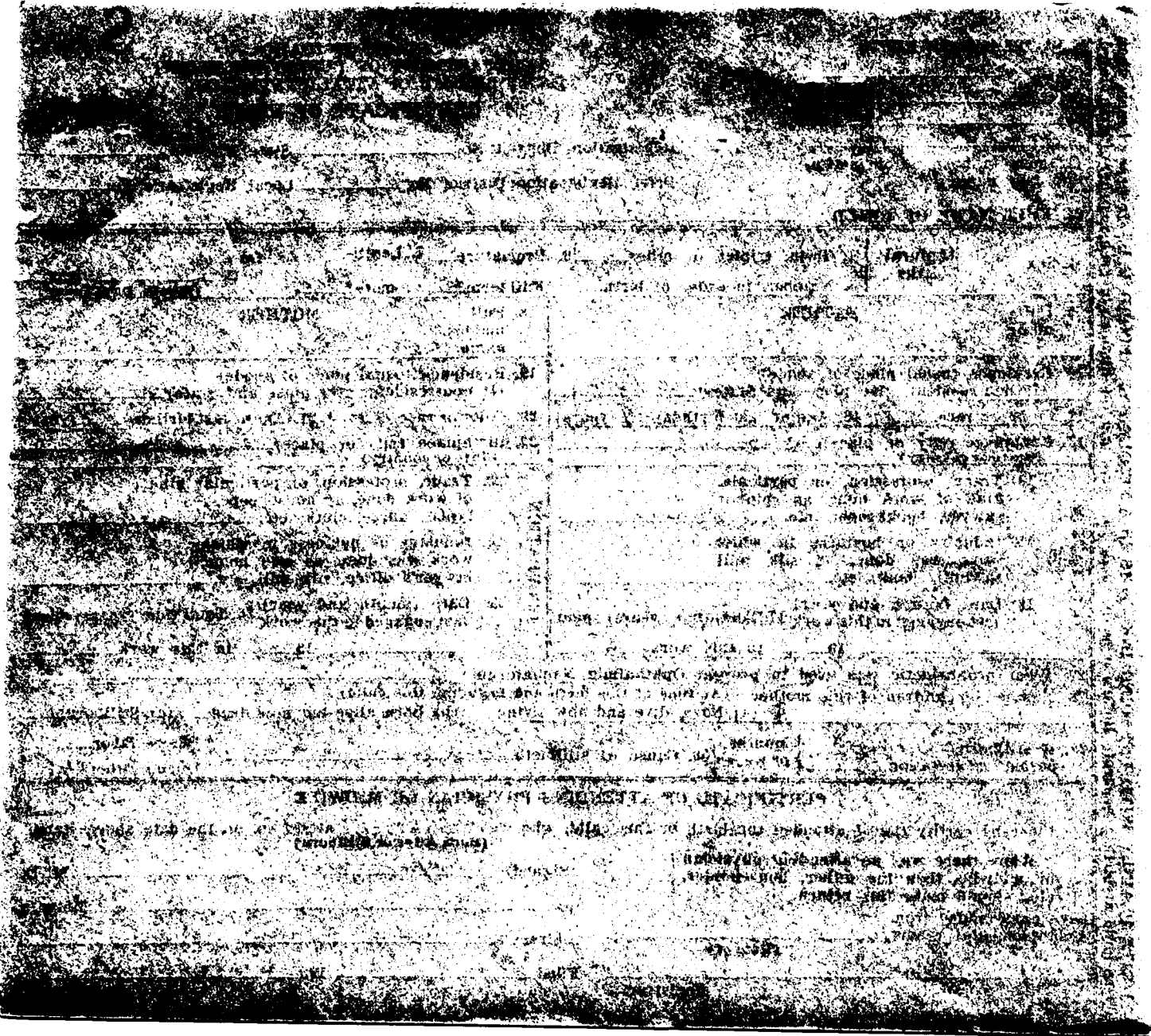
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 102827	
County of <u>Bannock</u>	CITY OF <u>Bannock</u>				
RECEIVED MAR 8 1937		Registration District No. <u>29</u> Primary Registration District No. <u>2134</u> (Local Registrar's No. <u>Bannock Ferry Hospital</u>) (If death occurred in a hospital or institution give its name, instead of street and number)			
2. FULL NAME <u>Thomas Taft Kilham</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. _____ mos. _____ ds. _____		How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 27-1937</u>					
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day... hrs. _____ or _____ min. <u>Stillborn</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) _____ (State or country) <u>Bannock Ferry Idaho</u>					
MOTHER/FATHER	13. NAME <u>Taft M. Kilham</u>				
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Colorado</u>				
	15. MAIDEN NAME <u>Mary Leone Pirkendall</u>				
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>M. J. Kilham Bannock Ferry, Ida</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Bannock Ferry</u> Date <u>Mar. 1, 1937</u>					
19. UNDERTAKER (Address) <u>H. R. Proctor Bannock Ferry, Ida</u>					
20. FILED <u>Mar. 1, 1937</u> <u>R. B. Burrell</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Feb 27 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h.... alive on _____, 193....; death is said to have occurred on the date stated above, at <u>2</u> A. m. The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>difficult Labor</u> <u>Cord around Neck</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to ext'nl causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193____					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased?.... If so, specify _____					
(Signed) <u>R. B. Burrell</u> M. D. (Address) <u>Bannock Ferry, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In cases of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH	
County of <u>Chambers</u>		City of <u>Progreso</u>		Registration District No. <u>8</u>		State File No. <u>251919</u>		S <u>1937</u> 8	
No. <u>Progreso Hosp.</u>		St. <u>MAK 8 1937</u>		Prim. Registration District No. <u>2157</u>		Local Registrar's No. <u>17</u>			
(If born in hospital or institution give name)									
2. FULL NAME OF CHILD <u>Stillborn</u>									
3. Sex <u>male</u>		If plural births { 4. Twin, triplet, or other <u>✓</u>		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>2-21</u> 193 <u>7</u> (Month, Day, Year)	
		5. Number, in order of birth <u>✓</u>		Full term <u>no</u>					
9. Full name <u>Charles F. Adams</u> FATHER					18. Full maiden name <u>Clara C. Mickelson</u> MOTHER				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Groes-R.F.W.</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Groes R.F.W.</u>				
11. Color or race <u>White</u>					20. Color or race <u>White</u>				
12. Age at last birthday <u>50</u> (years)					21. Age at last birthday <u>43</u> (years)				
13. Birthplace (city or place) <u>St. Louis, Mo.</u> (State or Country)					22. Birthplace (city or place) <u>Mendon, W.D. Ark.</u> (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ranch</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>				
16. Date (month and year) last engaged in this work <u>now</u> 19 <u> </u>					17. Total time (years) spent in this work <u>all life</u>				
18. Date (month and year) last engaged in this work <u>now</u> 19 <u> </u>					19. Total time (years) spent in this work <u> </u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Stillborn</u>									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u> </u> (c) Stillborn <u>2</u>									
29. If stillborn, period of gestation <u> </u> months or weeks									
30. Cause of Stillbirth <u> </u> { During labor <u> </u> Before labor <u> </u>									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

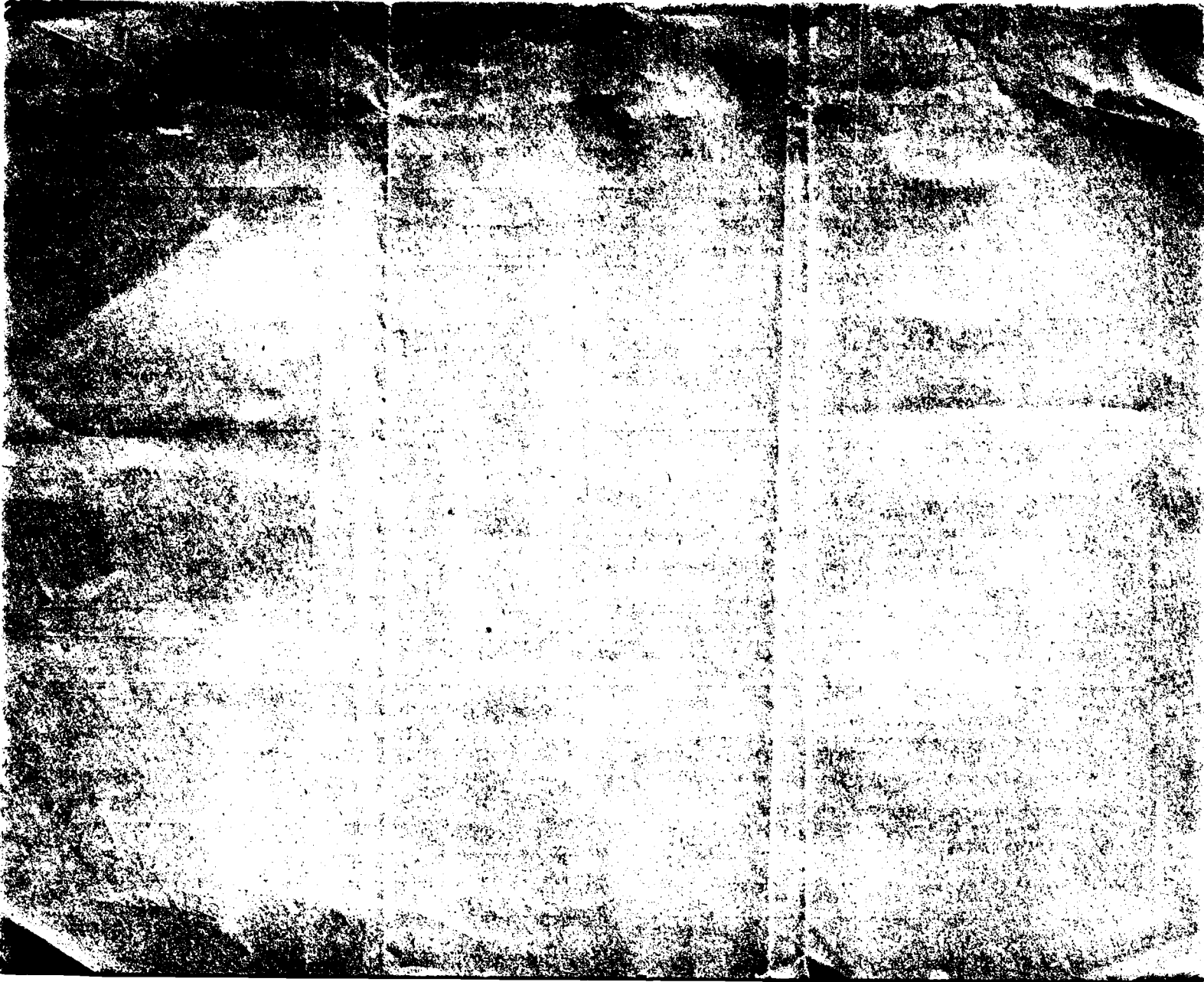
(Signed) M. H. Johnston, M. D.

or , Midwife

Address Progreso, Idaho

Filed 2/20 1937 V. A. Shaw

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cherokee
City of Orleans Idaho

RECEIVED

MAR 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 2187

(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 232. FULL NAME Stillborn(a) Residence. No. Box R 70 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>✓</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>2-21-37</u>		
7. AGE Years <u>Stillborn</u>	Months <u>✓</u>	Days <u>✓</u>
If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) <u>✓</u>	
	11. Total time (years) spent in this occupation <u>✓</u>	

12. BIRTHPLACE (city or town) Orleans Idaho
(State or country) Burns Ark13. NAME Charles F Adams14. BIRTHPLACE (city or town) St Louis Mo
(State or country)15. MAIDEN NAME Chas F Mickelson16. BIRTHPLACE (city or town) Mandan Mandoc
(State or country)17. INFORMANT Chas F Adams Father
(Address) Box 200

18. BURIAL, CREMATION OR REMOVAL

Place Fraser Date Feb 22 193719. UNDERTAKER Charles Adams
(Address) Fraser Idaho20. FILED 2/24, 1937 W. A. Chas
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 102873

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-21 193722. I HEREBY CERTIFY, That I attended deceased from 2-21, 1937, to 2-21, 1937.I last saw him alive on Stillborn, 1937; death is saidto have occurred on the date stated above, at Stillborn in.

The principal cause of death and related causes of importance were as follows:

Unknown

Date of onset

Other contributory causes of importance: ✓Name of operation ✓ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 1937Where did injury occur? ✓

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no If so, specify none(Signed) W. A. Chas M. D.(Address) Orleans Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Elmore</u> City of <u>Glenn's Ferry</u> No. _____ St. _____		RECEIVED MAR 13 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 251926	
(If born in hospital or institution give name.)		Registration District No. <u>33</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Myrtle Mae Coon</u> - <u>Stillborn</u>		Prim. Registration District No. <u>2021</u>		Local Registrar's No. _____	
3. Sex Female	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term Yes	7. Legiti- mate? Yes	8. Date of birth <u>2-19-37</u> , 193 (Month, Day, Year)	
9. Full name <u>Clifton J. Coon</u> FATHER		18. Full maiden name <u>Francis H. Martin</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Glenn's Ferry</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Glenn's Ferry</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>23</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		21. Age at last birthday <u>19</u> (years)		22. Birthplace (city or place) (State or Country) <u>ORE</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rail Road Clerk</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		19. _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>Full term</u> { months or weeks _____		30. Cause of Stillbirth <u>prolapsed cord</u>		{ During labor. <u>**</u> Before labor. _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:10 P. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

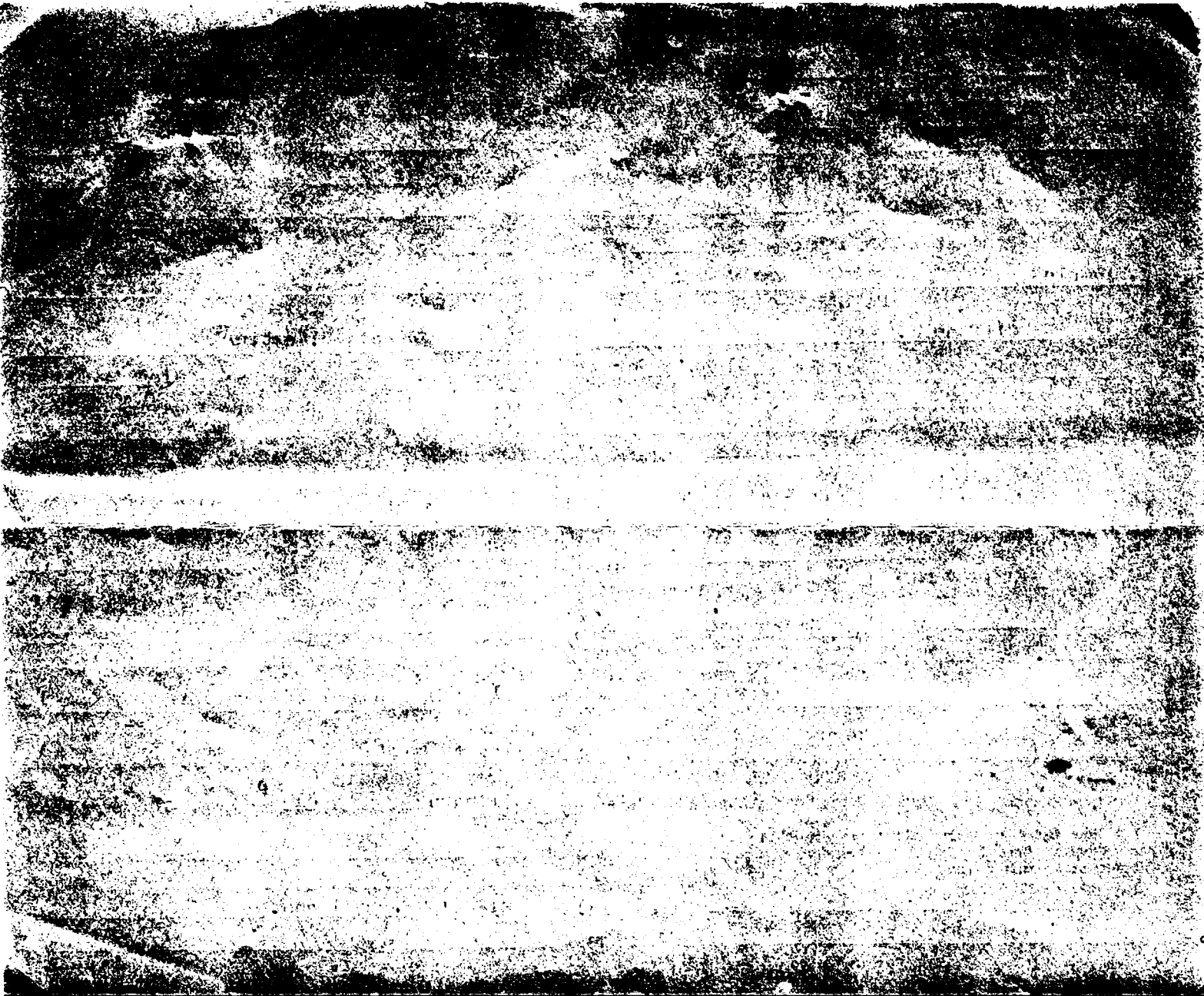
Registrar. _____

(Signed) Houston E. Snyder, M. D.

or _____, Midwife

Address Glenn's Ferry Idaho.

Filed 2-20-, 1937 Mary Sullivan
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Elmore</u>		State File No. <u>102880</u>	
City of <u>Glenris Ferry</u>		Registration District No. <u>33</u>	
Primary Registration District No. <u>2021</u>		Local Registrar's No. <u>406</u>	
<div style="float: left; border: 1px solid black; padding: 5px; transform: rotate(-15deg);">RECEIVED</div> <div style="float: right;">(No. _____)</div>			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Myrtle Mae Coon</u>			
(a) Residence. No. <u>Glenris Ferry Ida</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
<u>Stillborn</u>			If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Glenris Ferry Idaho</u>			
13. NAME <u>Clepton J. Coon</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
15. MAIDEN NAME <u>Francis H. Martin</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Oregon</u>			
17. INFORMANT <u>Frances H. Coon</u> (Address) <u>Glenris Ferry Ida.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Glenris Ferry</u> Date <u>Feb 20, 1937</u>			
19. UNDERTAKER (Address) <u>Mrs. H. H. Martin</u> <u>Glenris Ferry Ida</u>			
20. FILED <u>2-19-37</u> <u>Mary Sullivan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>2-19</u> 193 <u>7</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>2-19</u> , 193 <u>7</u> , to <u>2-19</u> , 193 <u>7</u>			
I last saw her alive on <u>Stillborn</u> , 193 <u>7</u> ; death is said to have occurred on the date stated above, at <u>5:00 P.</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Stillborn</u> <u>Protruded cord</u> <u>with plug protruded</u> <u>from</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>7</u> .			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>Houston C. Snyder</u> , M. D.			
(Address) <u>Glenris Ferry Ida.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH County of <u>Kootenai</u> City of <u>Springton</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 252086 MAR 11 1937 Registration District No. <u>32</u> State File No. _____ Prim. Registration District No. <u>2049</u> Local Registrar's No. <u>16</u>	
(If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Grace Alice Meserve</u> <u>Stillborn</u>	
3. Sex <u>M</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>2-26</u> 1937 (Month, Day, Year)
9. Full name FATHER <u>Wilbur Ossas Meserve</u>		18. Full maiden name MOTHER <u>Vesta Pearl P.</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Springton</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Springton</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>36</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) <u>Levinston</u> (State or Country) <u>Mont.</u>		22. Birthplace (city or place) <u>Jalpa</u> (State or Country) <u>Iowa</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>2-26</u> 19 <u>37</u>		17. Total time (years) spent in this work <u>16 yrs.</u>	
25. Date (month and year) last engaged in this work <u>2-26</u> 19 <u>37</u>		26. Total time (years) spent in this work <u>13 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agno 2, 9.</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>8 mo. 2 wks.</u> months or weeks		30. Cause of Stillbirth <u>Slip</u> { During labor _____ Before labor <u>yes.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 7:58 m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) H. E. Patton _____, M. D.

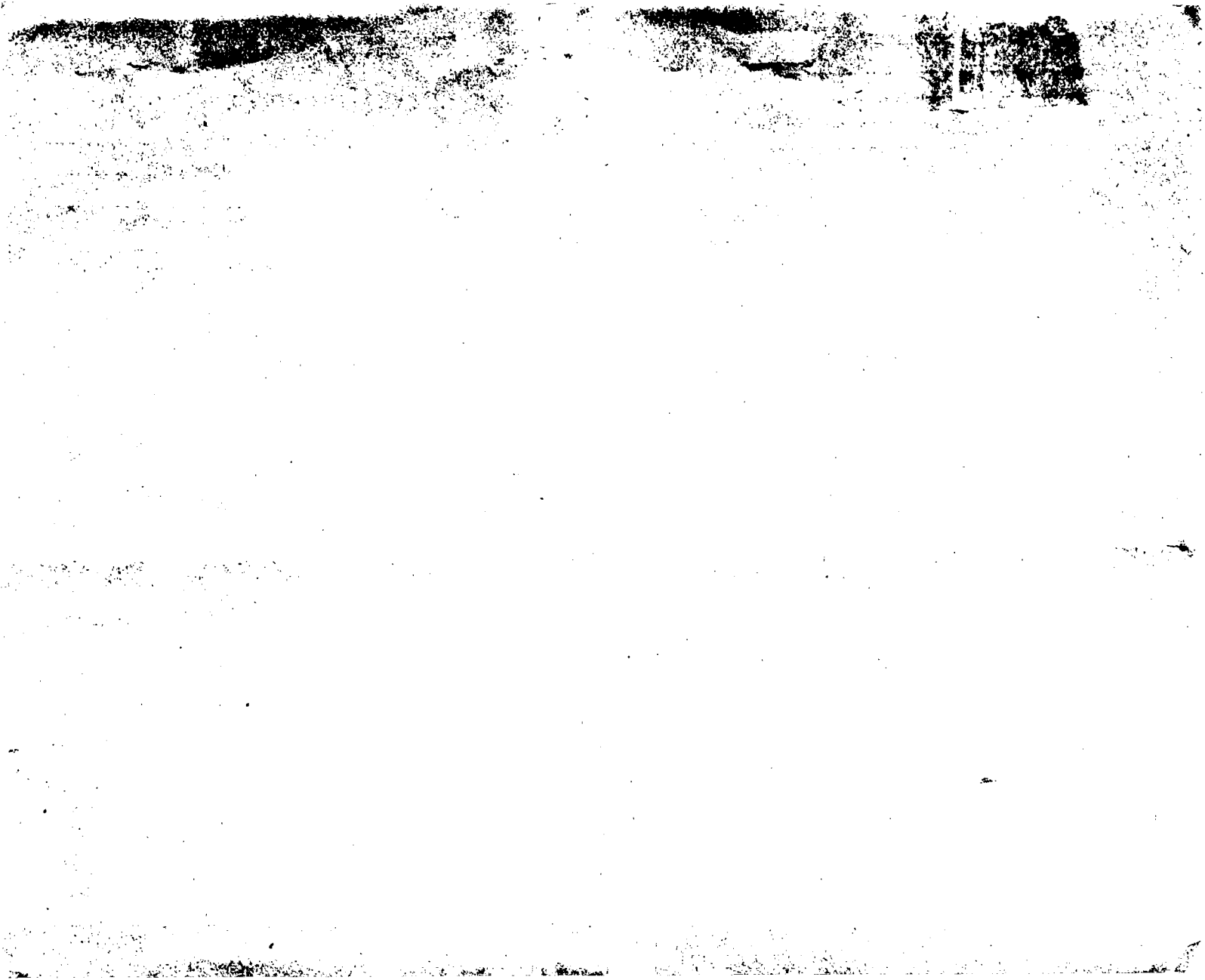
or _____, Midwife

Address St. Marie's, Idaho

Filed Mar. 8 1937 Walter C. Berg

Registrar.

Registrar.



PLACE OF DEATH,

County of BooleCity of Black LakeSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105042Registration District No. 126Primary Registration District No. 2304Local Registrar's No. 25(No. at Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Grazie Alice Mersere(a) Residence. No. Black Lake Ida St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
Febr 26 - 19377. AGE Years Months Days If LESS than 1 yr.
✓ ✓ ✓ 5 mos.
or 5 mos.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Black Lake (State or country) Ida13. NAME Willie Oscar Mersere14. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho15. MAIDEN NAME Vesta Pearl Porter16. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho17. INFORMANT Mrs. Mersere (Address)18. BURIAL, CREMATION OR REMOVAL
Place Date, 1937

19. UNDERTAKER (Address)

20. FILED June 11, 1937 Reith Cunnolly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Before Feb 26 193722. I HEREBY CERTIFY, That I attended deceased from
....., 1937, to 2-26, 1937.I did saw her alive on, 1937; death is said to have occurred on the date stated above, at ? m. The principal cause of death and related causes of importance were as follows:

Date of onset

Death Probably caused by a fall before labor set in. She had not been felt for 3 days.

Other contributory causes of importance:

Name of operation none Date of clinicalWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1937.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) H. E. Patton, M. D.(Address) St. Mary's

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 252145	
County of <u>Blaine</u>		MAR 15 1937		Registration District No. <u>61</u>		State File No. <u>1011</u>	
City of <u>Blaine, Ida</u>		Prim. Registration District No. <u>1011</u>		Local Registrar's No. <u>364</u>			
No. <u>man</u>							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Stillborn</u>							
3. Sex <u>male</u>		4. Twin, triplet, or other births		5. Number, in order of birth		6. Premature <u>yes</u>	
7. Legitimate? <u>yes</u>		8. Date of birth <u>2-23-1937</u>		(Month, Day, Year)			
9. Full name <u>Herbert Stanley Wright</u>		FATHER		18. Full maiden name <u>Myrtle Elizabeth Caldwell</u>		MOTHER	
10. Residence (usual place of abode) <u>Tracy, Idaho</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Tracy, Idaho</u>		(If non-resident, give place and State)	
11. Color or race <u>White</u>		12. Age at last birthday <u>57</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) <u>Joseph, Oregon</u>		(State or Country)		22. Birthplace (city or place) <u>Epworth, Kansas</u>		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Goldy Fire Brick yard</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Self</u>	
16. Date (month and year) last engaged in this work <u>2-23-1937</u>		17. Total time (years) spent in this work <u>2 years</u>		25. Date (month and year) last engaged in this work <u>2-23-1937</u>		26. Total time (years) spent in this work <u>9</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
28. Number of children of this mother <u>5</u> (At time of this birth and including this child)							
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>3</u> months		30. Cause of stillbirth <u>"Flu"</u>		Before labor		During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 P.M. on the date above stated.

(Born Alive or Stillborn)

(Signed) Joseph E. Wilson, M. D.

or _____, Midwife

Address Moscow, Idaho

Filed 3-10, 1937 James C. Connelley

Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

Handwritten:
H. M. H. H. H.
1927

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 252165

1. PLACE OF BIRTH
County of Salmon
City of Salmon
No. _____ St. _____

MAR 16 1937

Registration District No. 41 State File No. _____

Prim. Registration District No. 2416 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Lindsborg Still born

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other <u>X</u> 5. Number, in order of birth <u>X</u>	6. Premature <u>yes</u> Full term <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 11,</u> 193 <u>7</u> (Month, Day, Year)
-----------------------	--	--	---------------------------	--

9. Full name John Jacob Lindsborg FATHER

18. Full maiden name Andrew Eleanor Evans MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race X 12. Age at last birthday 27 (years)

20. Color or race X 21. Age at last birthday 20 (years)

13. Birthplace (city or place)
(State or Country) Bear River, Utah

22. Birthplace (city or place)
(State or Country) Ranch, Ore.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mines at Idaho

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work
Jan., 1937

25. Date (month and year) last engaged in this work
Jan., 1937

17. Total time (years) spent in this work 7 mo

26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X X

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 2 (b) Born alive but now dead. X (c) Stillborn. 1

29. If stillborn, period of gestation 5 mo. { months or weeks } 30. Cause of stillbirth accident { Before labor Fall on ice During labor rupture of amnion }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 10:40 am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) A. H. Fairland M.D.

or _____ Midwife

Address Box 543, Salmon, Idaho

Filed 3/13, 1937 Cliff C. Bellamy Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Rehberg, Idaho
No. Sulzbach Hospital St.

RECEIVED
MAR 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252177

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 27

2. FULL NAME OF CHILD

Shelborn Peterson

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth <u>1</u>	6. Premature <u>✓</u> Full term <u>Full term</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 16, 1937</u> (Month, Day, Year)
-----------------------	--	---	---------------------------	---

9. Full name FATHER

Angus Peterson

10. Residence (usual place of abode)

(If non-resident, give place and State) Charlton, Ida.

11. Color or race white 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

now, 19

17. Total time (years) spent

in this work life

18. Full maiden name MOTHER

Maud McLaughlin

19. Residence (usual place of abode)

(If non-resident, give place and State) Charlton, Ida.

20. Color or race white 21. Age at last birthday 33 (years)

22. Birthplace (city or place) Idaho
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

, 19

26. Total time (years) spent

in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 months months or weeks

30. Cause of Stillbirth Premature birth

{ During labor _____

{ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

or _____

Address _____

Filed 3-4- _____, 1937

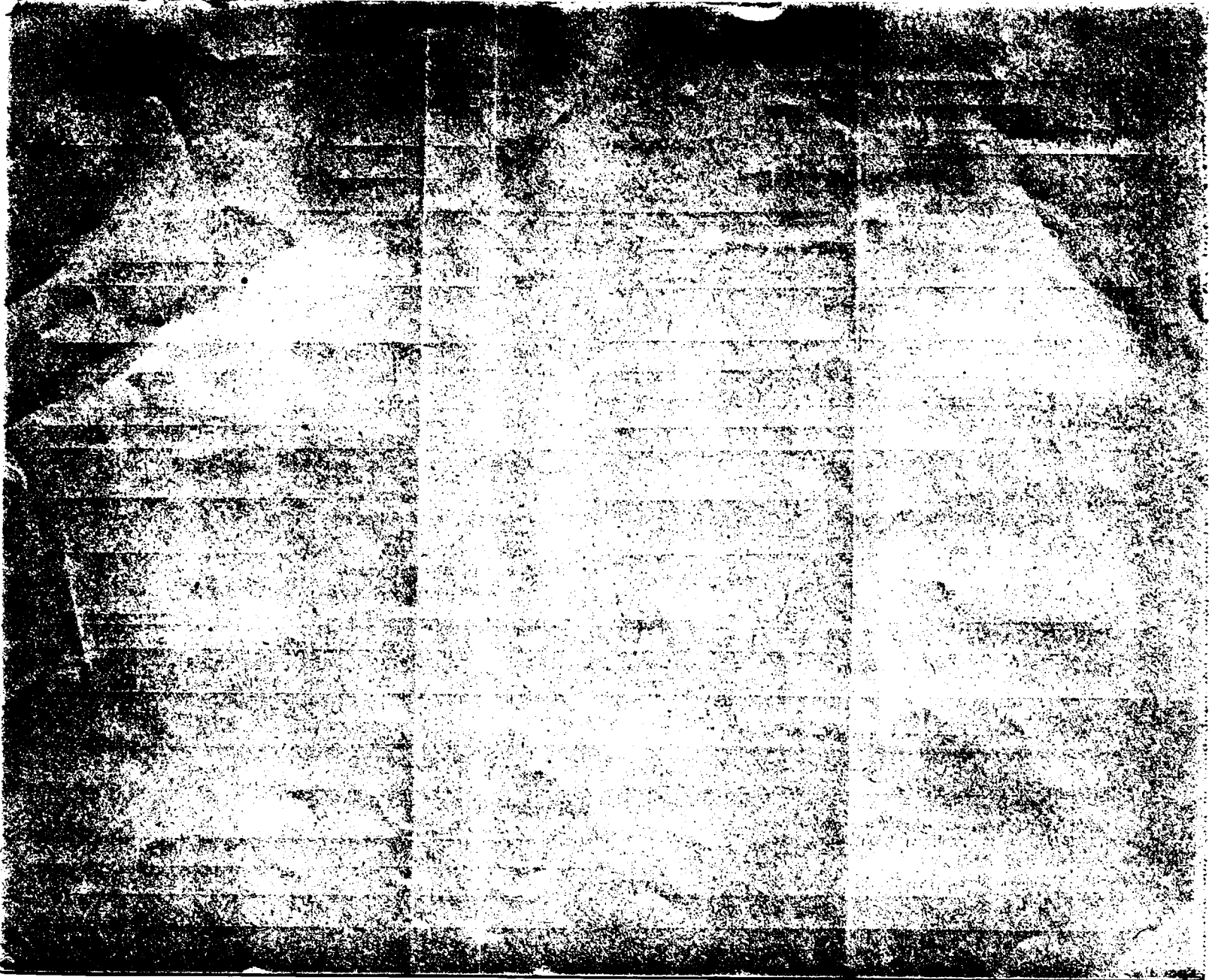
Harriet T. Rich, M. D.

Midwife

Rehberg, Idaho

Mrs. H. Peterson

Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Rexburg

RECEIVED
MAR 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

103011

State File No.

Local Registrar's No. 12

(No. 1)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Baby - Peterson Twin

(a) Residence. No. Thornton St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-15-1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rexburg Idaho

13. NAME Angus Peterson

14. BIRTHPLACE (city or town) (State or country) Blumwood Utah

15. MAIDEN NAME Maud Mc Lister

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT (Address) Angus Peterson Thornton

18. BURIAL, CREMATION, OR REMOVAL Place Sutton Cemetery Date 2-17-1937

19. UNDERTAKER (Address) none

20. FILED 3-4, 1937 Mrs H. E. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1937 to 2-16-1937

I last saw him alive on 2-15-1937; death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Premature birth not viable

Other contributory causes of importance:

La Grippe of Mother

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Stueb, M. D.

37 (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED MAR 11 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 252178	
County of <u>Madison</u>		City of <u>Rebun, Idaho</u>		No. <u>Sutherland Hospital St.</u>		Registration District No. <u>100</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2178</u>		Local Registrar's No. <u>28</u>			
2. FULL NAME OF CHILD <u>Stillborn</u>							
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>2</u>		6. Premature <input checked="" type="checkbox"/> Full term _____		7. Legitimate? <u>yes</u>	
8. Date of birth <u>Feb. 16, 1937</u> (Month, Day, Year)							
9. Full name FATHER <u>Angus Peterson</u>				18. Full maiden name MOTHER <u>Maud M. Ling</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Charlton, Ida.</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Charlton, Ida.</u>			
11. Color or race <u>White</u> 12. Age at last birthday <u>38</u> (years)				20. Color or race <u>White</u> 21. Age at last birthday <u>33</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Utah</u>				22. Birthplace (city or place) (State or Country) <u>Idaho</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work <u>Nov</u> , 19____				17. Total time (years) spent in this work <u>life</u>			
25. Date (month and year) last engaged in this work _____, 19____				26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>							
29. If stillborn, period of gestation <u>5 1/2 months</u> { months or weeks _____							
30. Cause of Stillbirth { During labor _____ Before labor <input checked="" type="checkbox"/> <u>Premature birth</u>							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:45 am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

or _____

Address _____

Filed _____

_____ at 12:45 am. on the date above stated.
(Born Alive or Stillborn)

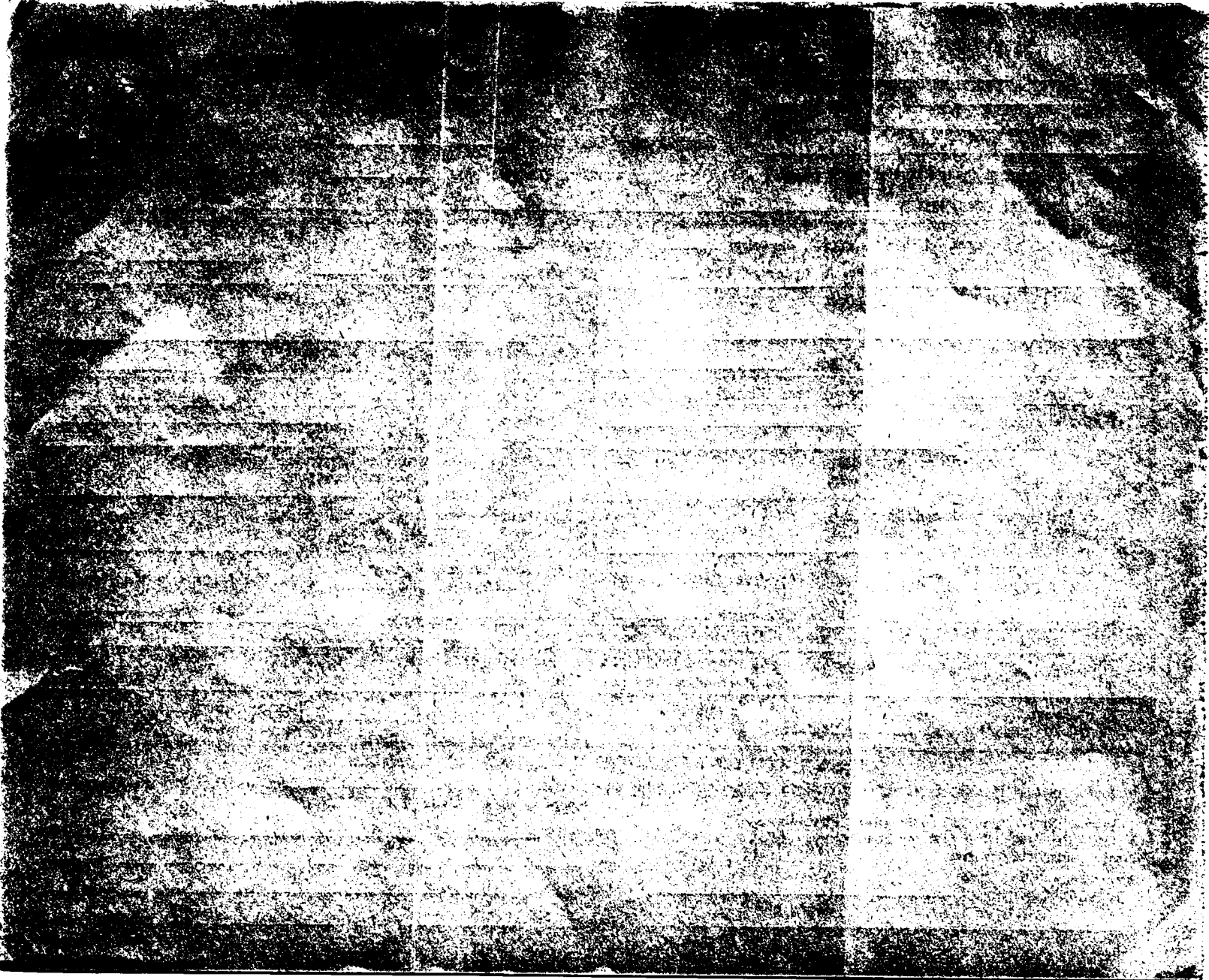
(Signed) Donna J. Rich, M. D.

or _____ Midwife.

Address Rebun, Idaho

Filed 3-4-, 1937 Mrs. H. C. Young

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>	City of <u>Rexburg</u>	Registration District No.	Primary Registration District No.	State File No.	103012
RECEIVED MAY 11 1937 2. MALE NAME <u>Baby Peterson - Twin -</u>		(No.)		Local Registrar's No. <u>13</u>	
(a) Residence. No.		St.		* 2	
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>2-15-1937</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Rexburg</u> (State or country) <u>Idaho</u>					
FATHER	13. NAME <u>Arnos Peterson</u>				
	14. BIRTHPLACE (city or town) <u>Timpanog</u> (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Maud M. Long</u>				
MOTHER	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>				
	17. INFORMANT <u>Angus Peterson</u> (Address) <u>Thomson</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Stanton Cemetery</u> Date <u>2-17, 1937</u>				
19. UNDERTAKER <u>none</u> (Address)					
20. FILED <u>3-4</u> , 1937 <u>Mrs H. E. Young</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2-16</u> , 1937					
22. I HEREBY CERTIFY, That I attended deceased from <u>2-15</u> , 1937, to <u>2-16</u> , 1937.					
I last saw him <u>alive</u> <u>Stanton</u> , 1937; death is said to have occurred on the date stated above, at <u>1:35 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Premature birth not viable</u>					
Other contributory causes of importance:					
<u>La Grippe of Mother</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury....., 1937					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.....					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>Y</u>					
If so, specify <u>La Grippe of Mother</u>					
(Signed) <u>Korn St. Paul</u> M. D.					
(Address) <u>Rexburg Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison RECEIVED
City of Cresburg
No. _____ St. _____
Registration District No. 100 State File No. 252179

(If born in hospital or institution give name.) Prim. Registration District No. 2128 Local Registrar's No. 29

2. FULL NAME OF CHILD Stillborn Reid

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? ✓ 8. Date of birth 2-28, 1937 (Month, Day, Year)

9. Full name Stillborn Reid FATHER Lyle Reid 18. Full maiden name Sylvia Morgan MOTHER

10. Residence (usual place of abode) Lynman 19. Residence (usual place of abode) Lynman
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 36 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Lynman Ida 22. Birthplace (city or place) Greene Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

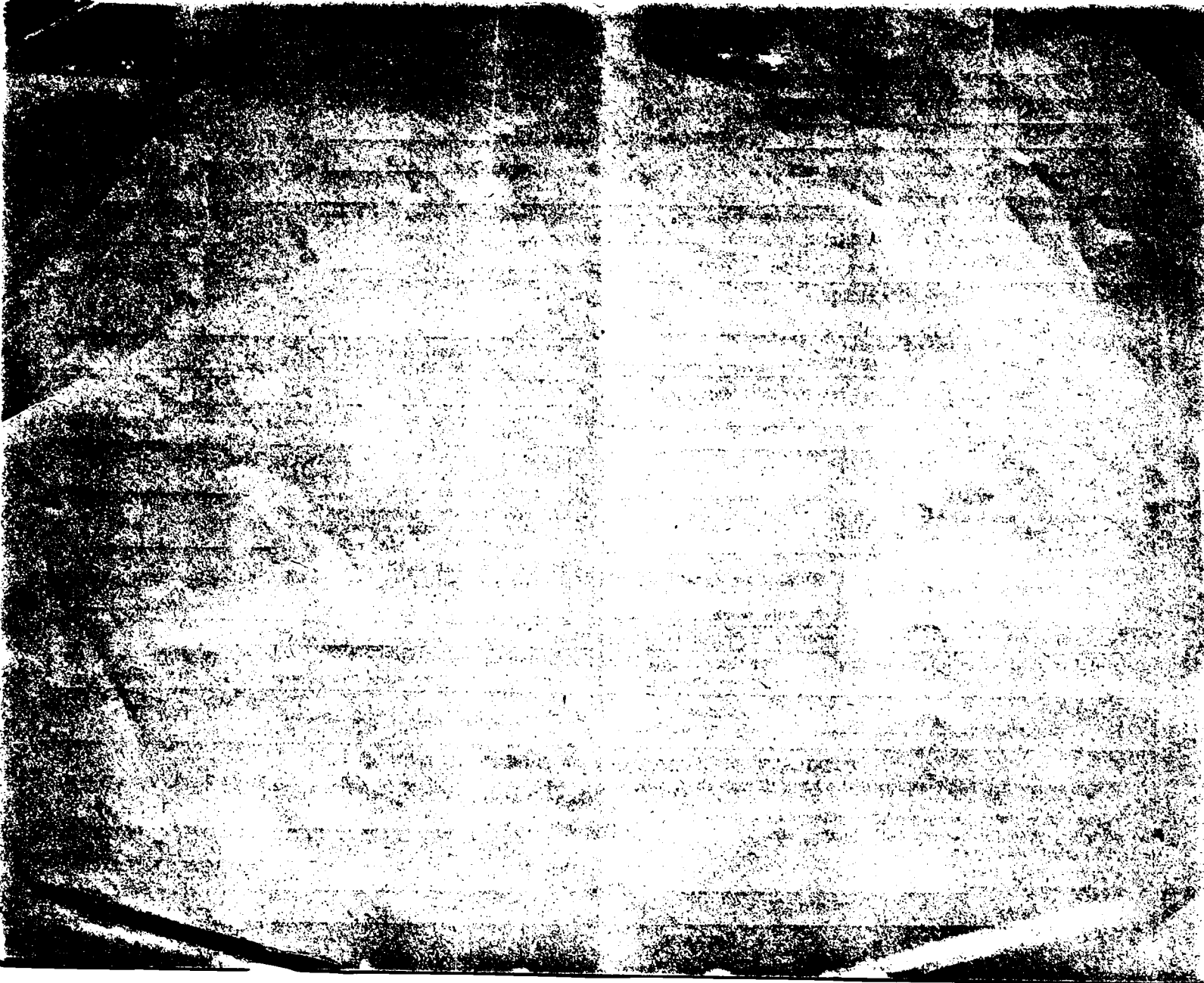
16. Date (month and year) last engaged in this work now, 19____ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth unknown (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born dead 2P m. on the date above stated.
(Born Alive or Stillborn)
(Signed) J. J. Thurland, M. D. or _____ Midwife
Address Cresburg, Idaho
Filed 3-4-, 1937 Mr. Hays Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Medison
City of Lynn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 100Primary Registration District No. 2178

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Lynn, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1937

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynn
(State or country) Medison

MOTHER FATHER 13. NAME Lyle Reid

14. BIRTHPLACE (city or town) Lynn
(State or country) Medison

15. MAIDEN NAME Lynne Morgan

16. BIRTHPLACE (city or town) foreign
(State or country) Medison

17. INFORMANT Lyle Reid
(Address) Lynn, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Orchard Date May 1st, 1937

19. UNDERTAKER James A. Keller
(Address) Reid, Idaho

20. FILED 3-4, 1937 Registrar W. H. Young

DO NOT WRITE IN THIS SPACE

State File No. 103013Local Registrar's No. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-28 1937

22. I HEREBY CERTIFY That I attended deceased from 2-28, 1937, to 2-28, 1937.

I last saw him/alive on _____, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Died 10 days to 2 weeks before birth. Cause? unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. H. Young M. D.(Address) Reid, Idaho

1. 1. 1.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1921:

May 1, 1923

EXAMPLE II

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

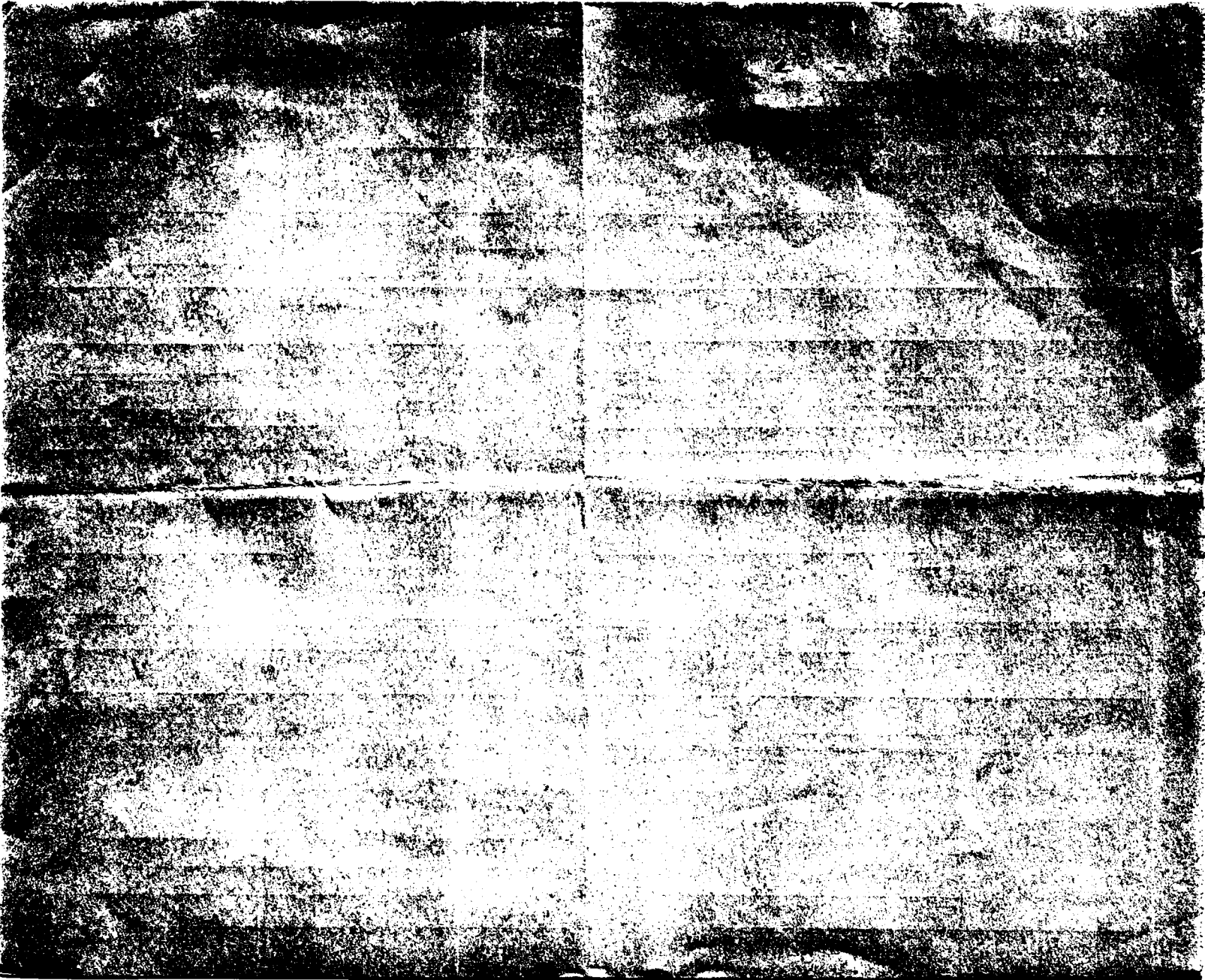
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Shoshone</u>	City of <u>Wallace</u>	CERTIFICATE OF BIRTH 252319	
No. <u>Sanborn Ave</u>	Registration District No. <u>70</u>	State File No. <u>37</u>	
(If born in hospital or institution give name.) <u>Davidson Hospital</u>	Prim. Registration District No. <u>1011</u>	Local Registrar's No. <u>37</u>	
2. FULL NAME OF CHILD <u>Infant Stevenson (Barbara) - Stillborn</u>			
3. Sex <u>♀</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>
8. Date of birth <u>Feb. 6, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Kenneth Stevenson</u>		18. Full maiden name MOTHER <u>Viola Seney</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>21</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Washington</u>		22. Birthplace (city or place) (State or Country) <u>Washington</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Unemployed</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> { months or weeks _____		30. Cause of Stillbirth { During labor <u>Stillborn</u> Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10:00 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>James R. Bean</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Wallace Idaho</u>	
Registrar. _____		Filed <u>Feb 5</u> , 1937 <u>John Buer</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Proctor
City of Wallase

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103076

State File No.

Registration District No. 70Primary Registration District No. 101Local Registrar's No. 26

(No. Proctor Hospital)
If death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb 6-37
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallase Idaho
(State or country)

13. NAME Leunith Stevenson
14. BIRTHPLACE (city or town) Wash
(State or country)
15. MAIDEN NAME Viola Leunith
16. BIRTHPLACE (city or town) Wash
(State or country)

17. INFORMANT Leunith Stevenson
(Address) Wallase Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Wallase Idaho Date Feb 7, 1937

19. UNDERTAKER John Burr
(Address) Wallase Idaho

20. FILED Feb 8, 1937 John Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw h. alive on _____, 193____; death is said

to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

Steel beam
Date of onset

Other contributory causes of importance:

Prolapsed Cord

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) John Burr M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 252336**

1. PLACE OF BIRTH
County of Twin Falls
City of Kimberly - Route 1
No. _____ St. _____

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 83

2. FULL NAME OF CHILD Baby Finley

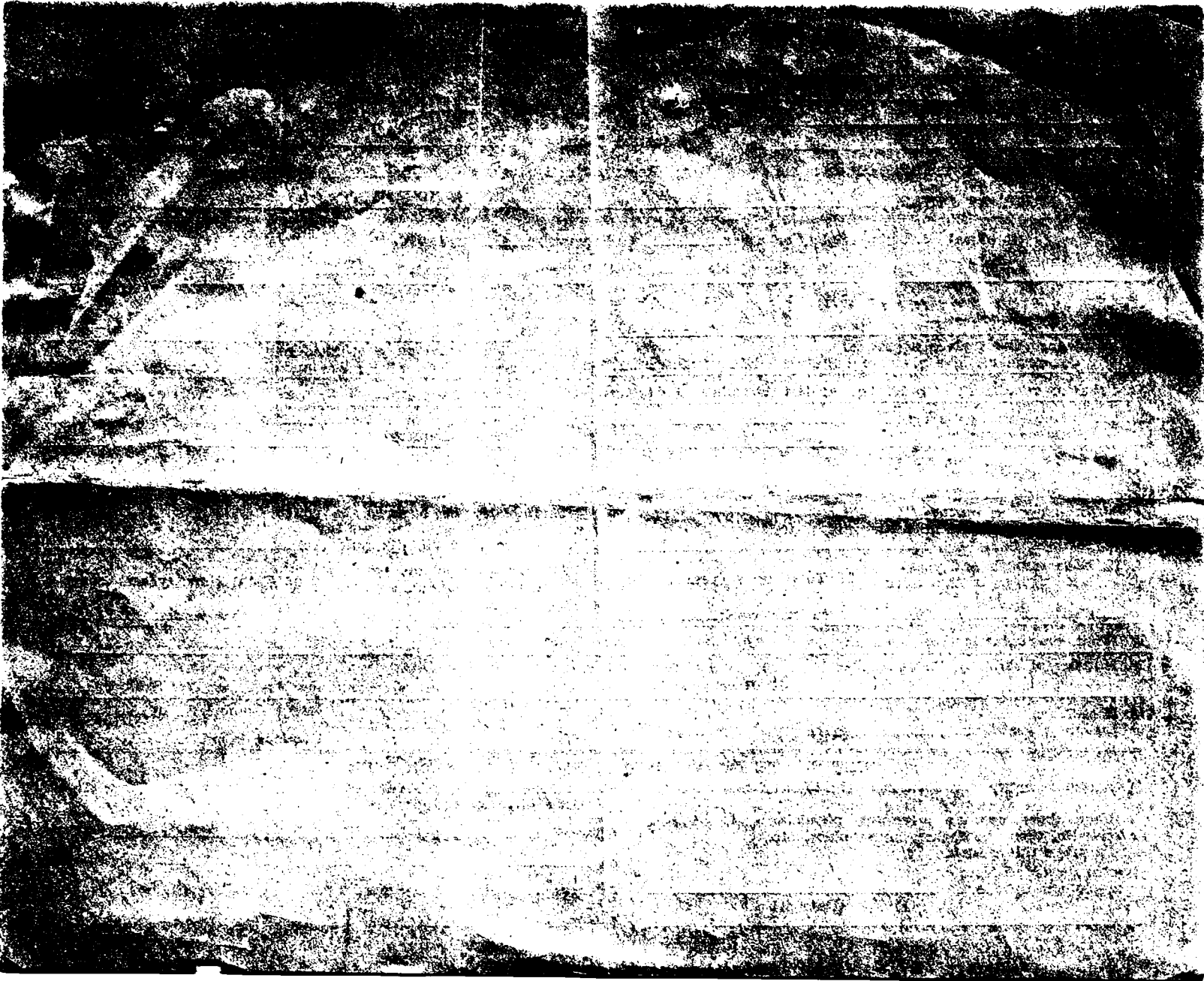
3. Sex 7. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature ☒ Full term _____ 7. Legitimate? yes 8. Date of birth Feb 9, 1937 (Month, Day, Year)

9. Full name FATHER Leland Edward Finley 18. Full maiden name MOTHER Gladys Hazel Hohnbaum
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Galesburg, Kansas 22. Birthplace (city or place) (State or Country) York, Nebraska

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle Buyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work Feb 9, 1937 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work Feb 9, 1937 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none - (Infant dead at birth)
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 1/2 months months or weeks 30. Cause of stillbirth ? { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child who was Apparently Stillborn 11:30 m on the date above stated.
no one present other than mother (Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return. {
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) Harry Alban, M. D.
or _____ Midwife
Address Kimberly Idaho
Filed 2-10-, 1937 _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Timballe
City of Kimberly

RECEIVED

MAR 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 103096Local Registrar's No. 27

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Finley(a) Residence. No. Route # 11 Kimberly, Idaho
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Feb 9, 1937

7. AGE Years Months Days If LESS than
0 0 0 Apparently 1 day hrs. min.
Stillborn or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kimberly, Idaho
(State or country)

13. NAME Leland S. Finley
14. BIRTHPLACE (city or town) Greenleaf, Kansas
(State or country)

15. MAIDEN NAME Gladys Holmstrom
16. BIRTHPLACE (city or town) York, Nebraska
(State or country)

17. INFORMANT Leland S. Finley
(Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rock House Date 2-11-1937

19. UNDERTAKER Parents
(Address)

20. FILED 110, 1937 2-11-1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from
arrived after delivery of infant was
never 193 to deceased 193
I last saw h alive on 1937: death is said

to have occurred on the date stated above, at 11:30 p. m.
The principal cause of death and related causes of importance
were as follows:

Apparently Stillborn

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 1937

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Albright, M. D.(Address) Kimberly

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada
City of Baiee
No. St. Johns Hosp St. —
(If born in hospital or institution give name.)

RECEIVED

APR 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S ✓

252509

Registration District No. 2 State File No. 154Prim. Registration District No. 1004 Local Registrar's No. 154

2. FULL NAME OF CHILD

3. Sex M { If plural births } 4. Twin, triplet, or other..... 5. Number, in order of birth 1 6. Premature..... 7. Legitimate? Yes 8. Date of birth 2-16-1937
(Month, Day, Year)

9. Full name FATHER

Walter H. Carter

18. Full maiden name MOTHER

Louise Wood10. Residence (usual place of abode) R.V.D. Baiee, Idaho
(If non-resident, give place and State)19. Residence (usual place of abode) R.V.D. Baiee, Idaho
(If non-resident, give place and State)11. Color or race W 12. Age at last birthday 26 (years)20. Color or race W 21. Age at last birthday 27 (years)13. Birthplace (city or place) Baiee, Idaho
(State or country)22. Birthplace (city or place) Payson, Idaho
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockdriver23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work now engaged

25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 229. If stillborn, period of gestation 9 mos { months } 30. Cause of stillbirth Unknown { Before labor yes }
{ over weeks } { During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 2-16-1937 a.m. on the date above stated.
(Born Alive or Stillborn)

• When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William H. Rest, M. D.

or..... Midwife

Give name added from a supplemental report.....

Address 232 Capital Security BldgFiled 3-8, 1937 7 P. Sharp

Registrar.

Registrar.

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
INTERNAL SECURITY

OFFICIAL BUSINESS

Penalty for Private Use to Avoid
Payment of Postage \$300

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102707

Registration District No. 2

Primary Registration District No. 1004

(No. St Lukes Hospital.)

Local Registrar's No. 88

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Carter.

(a) Residence. No. R.D. # 5.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February. 16. 1937.

7. AGE Years Stillborn Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

13. NAME Dale, D. Carter.

14. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

15. MAIDEN NAME Sarah, L. Wood.

16. BIRTHPLACE (city or town) Macon Mo.
(State or country)

17. INFORMANT Dale, D. Carter.
(Address) R.D. # 5., Boise, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Morris Hill Cemetery Date Feb. 17, 1937.

19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.

20. FILED 2-18 1937 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Uncertain 193

22. I HEREBY CERTIFY, That I attended deceased from probable 2-10-37
Testation, 193, to , 193.

I last saw h. alive on , 193: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Sharp, M. D.

(Address) Boise Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada.
City of Boise, Idaho.
No. 1617 N 24 St.
The Salvation Army Home.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 7 1937

CERTIFICATE OF BIRTH

252514

Registration District No. 2 State File No. 159
Prim. Registration District No. 1004 Local Registrar's No. 159

2. FULL NAME OF CHILD

Girl Cline

3. Sex F If plural births { 4. Twin, triplet, or other. _____ 6. Premature. ✓ 7. Legitimate? yes 8. Date of birth 3-3-37, 1937
(Month, Day, Year)

9. Full name FATHER
Clifford Cline

10. Residence (usual place of abode) 212 9 Ave N Nampa
(If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Oxford Neb
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Phyllis Bowdish

19. Residence (usual place of abode) 212 9 Ave N Nampa
(If non-resident, give place and State) Idaho

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) S D
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living. 1 (b) Born alive but now dead. _____ (c) Stillborn. yes

29. If stillborn, period of gestation. _____ months or weeks

30. Cause of stillbirth. _____ Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) W. Farney, M. D.

or _____ Midwife

Address _____

Filed 3-8, 1937 R. Sharp Registrar.

STATE OF TEXAS
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF INVESTIGATION
SAN ANTONIO, TEXAS

12-22-31

TO THE HONORABLE THE ATTORNEY GENERAL
FROM THE BUREAU OF INVESTIGATION
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]
[Illegible]

[Illegible]
[Illegible]
[Illegible]

[Illegible]
[Illegible]
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[Illegible]
[Illegible]

STATE OF TEXAS
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF INVESTIGATION
SAN ANTONIO, TEXAS

TO THE HONORABLE THE ATTORNEY GENERAL
FROM THE BUREAU OF INVESTIGATION
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]
[Illegible]

[Illegible]
[Illegible]
[Illegible]

[Illegible]
[Illegible]
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[Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of BoiseSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103170

RECEIVED

Registration District No. 2

APR 7 1937

Primary Registration District No. 1004Local Registrar's No. 100(No. Salvation Army Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Florence Lucille Cline(a) Residence. No. 212 9 Ave. No.

(Usual place of abode)

St. Nampa, IdaLength of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
3-3-377. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
STILLBORN8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)... Boise, Idaho
(State or country)13. NAME Clifford Cline14. BIRTHPLACE (city or town)... Oxford, Neb.
(State or country)15. MAIDEN NAME Phillis Bowdish16. BIRTHPLACE (city or town)... S. D.
(State or country)17. INFORMANT Mrs. Phillis Cline
(Address) Nampa, Ida18. BURIAL, CREMATION OR REMOVAL
Place... Nampa Date... 3-4- 193719. UNDERTAKER Wm. D. Talley
(Address) Nampa, Ida20. FILED 3-3- 1937 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-3 193722. I HEREBY CERTIFY, That I attended deceased from
3-3-37, 193..., to 3-3-37, 193...I last saw not alive on ..., 193...; death is said to have occurred on the date stated above, at 11:25 A.
The principal cause of death and related causes of importance were as follows:STILLBORNOther contributory causes of importance:
UNKNOWNName of operation... none Date of...What test confirmed diagnosis? X. Was there an autopsy?..23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. D. Talley M. D.
(Address) Boise

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				S 252616	
County of <u>Bannock</u> City of <u>Pocatello</u>				Registration District No. <u>28</u> State File No. <u>1943</u>					
No. <u>St. Anthony's Hospital</u> (If born in hospital or institution give name.)				Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>1943</u>					
2. FULL NAME OF CHILD <u>Infant</u>				<u>Grishburn</u>				<u>Stillborn</u>	
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth <u>1</u>	6. Premature <u>No</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar 12</u> , 193 <u>7</u> (Month, Day, Year)			
9. Full name FATHER <u>Robert Boden Grishburn</u>				18. Full maiden name MOTHER <u>Mary Junita Carpenter</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>262 1st Ave</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>262 1st Ave</u>					
11. Color or race <u>W</u>				12. Age at last birthday <u>29</u> (years)				20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or Country) <u>Utah</u>				21. Age at last birthday <u>20</u> (years)				22. Birthplace (city or place) (State or Country) <u>Alameda</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>P. F. C.</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Railroad</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housekeeper</u>					
16. Date (month and year) last engaged in this work <u>March</u> , 19 <u>37</u>				17. Total time (years) spent in this work <u>2 yrs</u>				25. Date (month and year) last engaged in this work <u>March</u> , 19 <u>37</u>	
26. Total time (years) spent in this work <u>1 yr</u>				27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>None</u>				29. If stillborn, period of gestation <u>6 months</u> { months or weeks				30. Cause of stillbirth <u>Weakness</u> Before labor <u>During labor</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:56 am. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

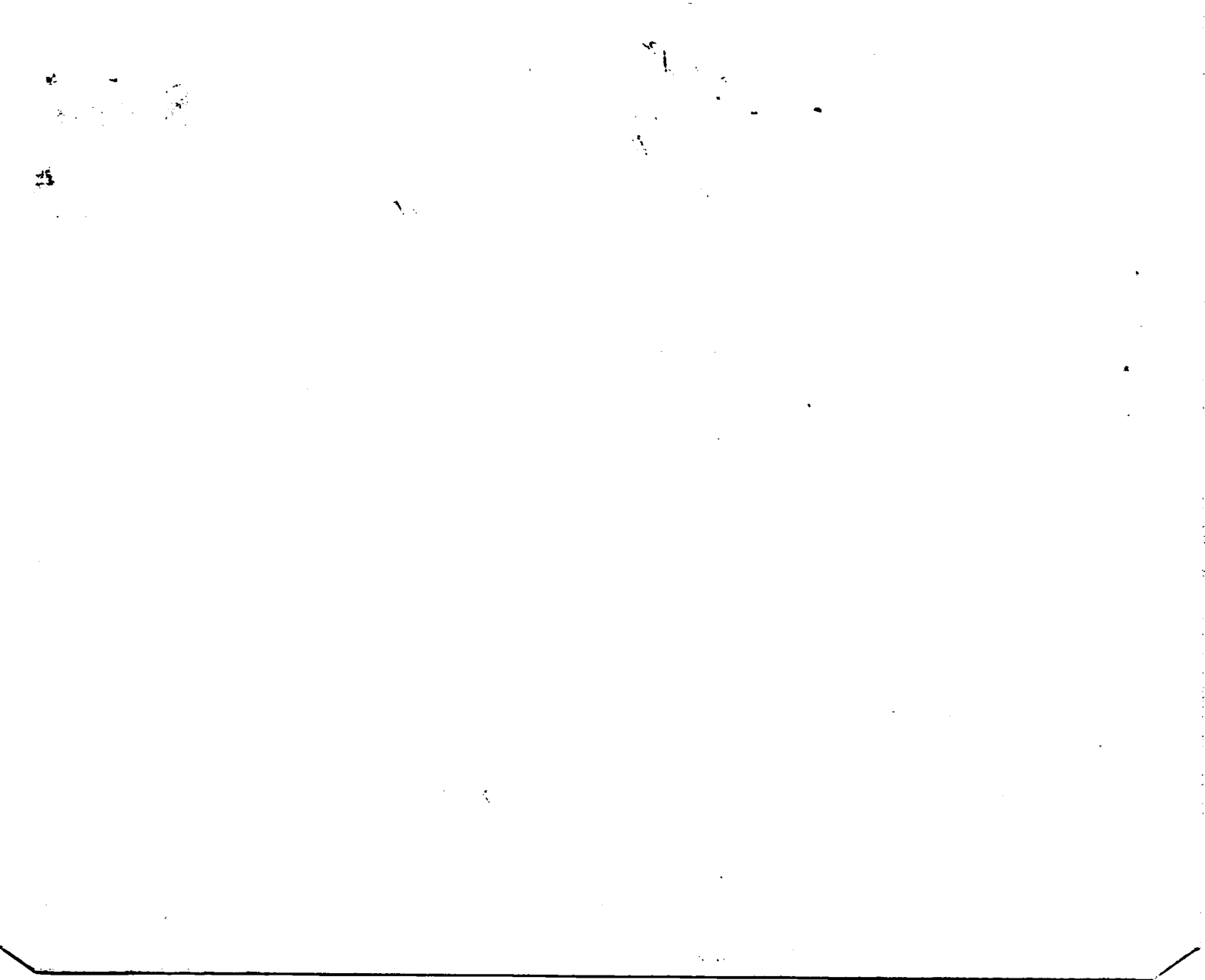
Registrar.

(Signed) Dr. J. B. Buehler, M. D.

or Dr. J. B. Buehler, Midwife

Address 4-7-1937

Filed 4-7-1937 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103191Registration District No. 28Primary Registration District No. 261 Local Registrar's No. 916(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Fishburn(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 12, 1937

7. AGE Years 0 Months Still-Born Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

MOTHER FATHER 13. NAME Robert B. Fishburn
14. BIRTHPLACE (city or town) Tremonton,
(State or country) Utah.

15. MAIDEN NAME Juanita Carpenter

16. BIRTHPLACE (city or town) Glenns Ferry,
(State or country) Idaho.

17. INFORMANT Robert B. Fishburn
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Mar. 12, 1937

19. UNDERTAKER Arthur W. Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Mar. 12, 1937 S C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to 3-12, 1937

I last saw h. _____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stillbirth
6 1/2 months
premature
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) S C Ray M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>L. A. B. Hospital</u>		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		252752	
2. FULL NAME OF CHILD		Registration District No. <u>73</u> State File No. _____	
<u>Stillbirth</u>		Prim. Registration District No. <u>2140</u> Local Registrar's No. <u>98</u>	
3. Sex <u>boy</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ 7. Legitimate? <u>yes</u>	8. Date of birth <u>3-3-1937</u> (Month, Day, Year)
9. Full name FATHER <u>Ruelan Johnson</u>		18. Full maiden name MOTHER <u>La Vern Moore</u>	
10. Residence (usual place of abode) <u>Ririe Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Ririe Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>32</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) <u>La Belle Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Idaho Idaho</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>Today, 1937</u>		25. Date (month and year) last engaged in this work <u>Today, 1937</u>
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work <u>Life</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Aspirin 20%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks _____		30. Cause of Stillbirth <u>Obstructed delivery</u> { During labor <u>yes</u> Before labor <u>because of size of head</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:50 p.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) H. P. [Signature], M. D.

or _____ Midwife

Address Idaho Falls Idaho

Filed March 4 1937 [Signature] Registrar.



(27)

1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Primary Registration District No. <u>2140</u>		Local Registrar's No. <u>51</u>	
APR 7 1937		(No. <u>L. A. B. Hospital</u>)		Local Registrar's No. <u>51</u>		286			
2. FULL NAME		<u>Stellert Baby Johnson</u>							
(a) Residence. No. <u>A</u>		(Usual place of abode)		St. <u></u>		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth?		yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX		4. Color or Race		5. Single, Married, Widowed or Divorced (write the word)					
<u>Male</u>		<u>White</u>		<u>Single</u>					
5a. If married, widowed, or divorced		HUSBAND of		(or) WIFE of					
6. DATE OF BIRTH (month, day and year)		<u>Mar. 3, 1937</u>							
7. AGE		Years		Months		Days		If LESS than 1 day, hrs. or min.	
<u>Stellert</u>		<u>1</u>		<u>0</u>		<u>0</u>		<u>0</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation			
<u></u>		<u></u>		<u></u>		<u></u>			
12. BIRTHPLACE (city or town) (State or country)		<u>Idaho Falls</u>		<u>Idaho</u>					
13. NAME		<u>Julen Johnson</u>							
14. BIRTHPLACE (city or town) (State or country)		<u>Idaho Falls</u>		<u>Idaho</u>					
15. MAIDEN NAME		<u>John Van Moore</u>							
16. BIRTHPLACE (city or town) (State or country)		<u>Shelton</u>		<u>Idaho</u>					
17. INFORMANT (Address)		<u>Father</u>							
18. BURIAL OR REMOVAL (Address)		<u>Place</u>		<u>Idaho</u>		<u>Mar 5, 1937</u>			
19. UNDERTAKER (Address)		<u>Idaho Falls</u>		<u>Idaho</u>					
20. FILED		<u>Mar 4, 1937</u>							
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day and year) <u>Mar 3 1937</u>									
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 3, 1937</u> , to <u>Mar 7, 1937</u> .									
I last saw h. <u>Stellert</u> , 193... death is said to have occurred on the date stated above, at m.									
The principal cause of death and related causes of importance were as follows:									
<u>Stellert from prolonged illness (Krebs) large heart</u>									
Date of onset									
Other contributory causes of importance:									
Name of operation <u>none</u> Date of									
What test confirmed diagnosis?.... Was there an autopsy?..									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury, 1937.									
Where did injury occur? (Specify city or town, county, and state)									
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>									
Manner of injury <u>✓</u>									
Nature of injury <u>✓</u>									
24. Was disease or injury in any way related to occupation deceased? <u>Yes</u> , specify <u>MR. West</u> (Signed) <u>Idaho Falls</u> (Address)									

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

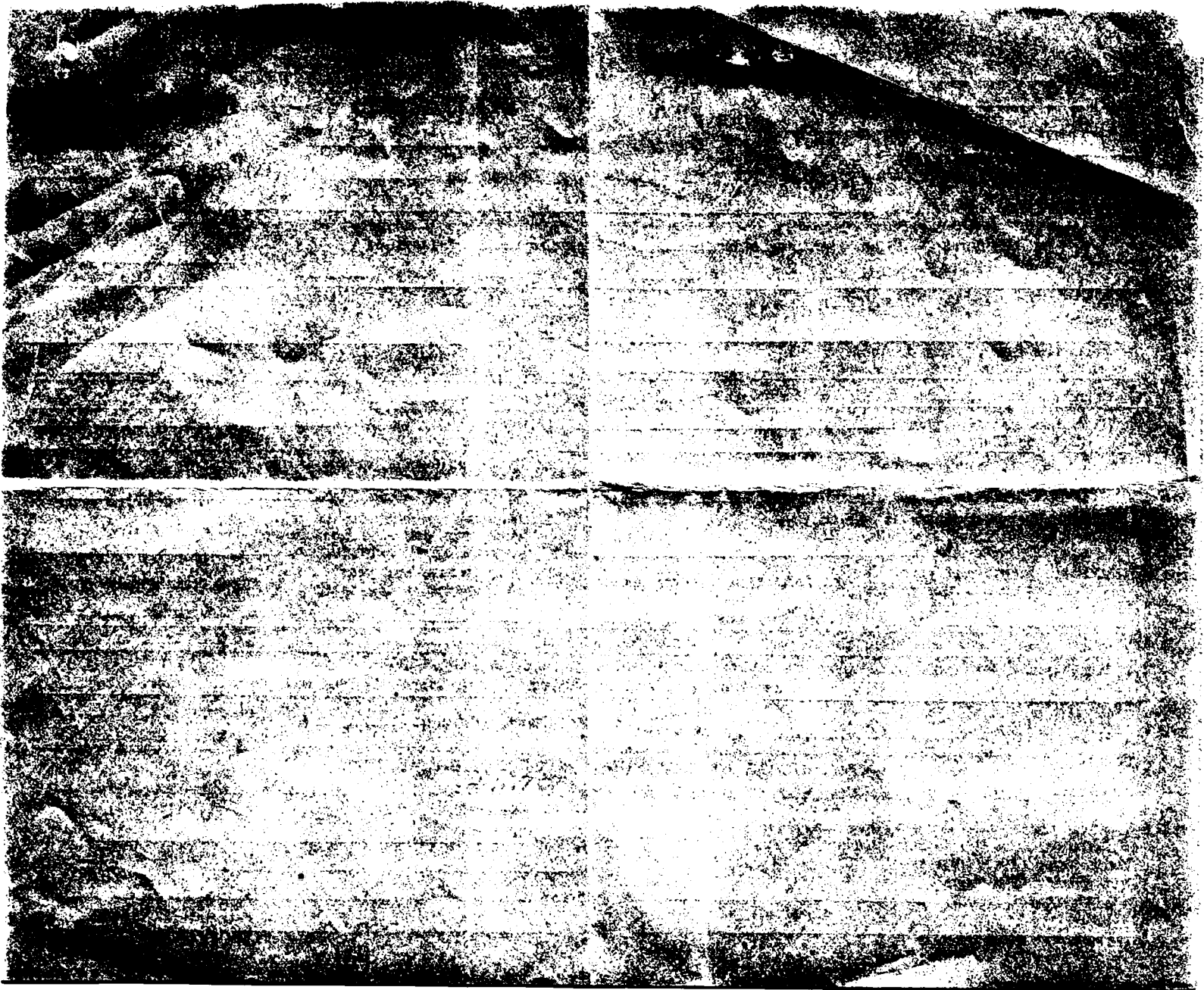
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 252815	
County of <u>Bonnerville</u>		APR 7 1937		CERTIFICATE OF BIRTH	
City of <u>Idaho Falls, Idaho</u>		Registration District No. <u>73</u>		State File No. _____	
No. <u>Memphriss</u> St. <u>L.D. Hospital</u>		Prim. Registration District No. <u>2100</u>		Local Registrar's No. <u>666</u>	
(If born in hospital or institution give name.) <u>Stillbirth</u>					
2. FULL NAME OF CHILD					
3. Sex <u>boy</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>No</u> 7. Legitimate? <u>yes</u>	
8. Date of birth <u>March 23, 1937</u> (Month, Day, Year)					
9. Full name FATHER <u>Horton Jerome Kienlen</u>			18. Full maiden name MOTHER <u>Lillian Laura Meierotto</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls R. #3</u>		
11. Color or race <u>White</u> 12. Age at last birthday <u>29</u> (years)			20. Color or race <u>White</u> 21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Fairfax Minn.</u>			22. Birthplace (city or place) (State or Country) <u>Council Bluffs Iowa</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rented Farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
16. Date (month and year) last engaged in this work <u>March 23, 1937</u>			17. Total time (years) spent in this work <u>10 years</u>		
18. Date (month and year) last engaged in this work <u>March 20, 1937</u>			19. Total time (years) spent in this work <u>9 years</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>argyrol 20%</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>full term</u> { months or weeks			30. Cause of Stillbirth { During labor Before labor <u>yes</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>2:36 p.</u> m. on the date above stated. (Born alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____					
Registrar. <u>W. J. Gustafson</u>					



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>	City of <u>Idaho Falls</u>	CERTIFICATE OF DEATH		State File No. <u>103272</u>	
Registration District No. <u>2</u>		Primary Registration District No. <u>2147</u>		Local Registrar's No. <u>67</u>	
(No. <u>Idaho Falls 2147</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Infant Kessler</u>		Stillbirth			
(a) Residence No. <u>Idaho Falls</u>		St. <u>Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>March 23, 1937</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>					
10. Date deceased last worked at this occupation (mo. and yr.) <u>None</u>					
11. Total time (years) spent in this occupation <u>None</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls Idaho</u>					
MOTHER/FATHER					
13. NAME <u>L. J. Kessler</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Fairfax Minn.</u>					
15. MAIDEN NAME <u>Lillian Microtte</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Council Bluffs Iowa</u>					
17. INFORMANT <u>Mrs. Lillian Kessler</u> (Address) <u>Idaho Falls, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Idaho Falls</u> Date <u>March 27, 1937</u>					
19. UNDERTAKER <u>Ed. Luck</u> (Address) <u>Idaho Falls</u>					
20. FILED <u>Mar. 27, 1937</u> Registrar <u>Idaho Falls</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>March 23, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 23, 1937</u> to <u>March 23, 1937</u>					
I last saw him alive on <u>3/23, 1937</u> ; death is said to have occurred on the date stated above, at <u>2:36 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Congenital Malform</u>					
Other contributory causes of importance:					
<u>Asphyxiation of Before birth</u>					
<u>bone & anhydrosis</u>					
Name of operation <u>None</u> Date of <u>None</u>					
What test confirmed diagnosis <u>X-ray</u> Was there an autopsy <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u>					
Where did injury occur? <u>None</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>					
(Signed) <u>Idaho Falls</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252950

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs, Idaho
No. Caribou County Hospital St.

(If born in hospital or institution give name.)

Registration District No. 82 State File No. 2159
Prim. Registration District No. 2159 Local Registrar's No. 10

2. FULL NAME OF CHILD Sheldon

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other <u>one</u>	5. Premature <u>No</u>	6. Legitimate <u>No</u>	7. Date of birth <u>2/10, 1937</u> (Month, Day, Year)
8. Number, in order of birth.....			9. Full term <u>mate?</u>		
9. Full name <u>Truman Lester Ashbaker</u>			10. Full name <u>Berniece Maud Call</u>		
10. Residence (usual place of abode) <u>Grace, Idaho</u> (If non-resident, give place and State)			11. Residence (usual place of abode) <u>Soda Springs</u> (If non-resident, give place and State)		
11. Color or race <u>W</u>		12. Age at last birthday <u>21</u> (years)		13. Color or race <u>W</u>	
14. Birthplace (city or place) <u>Grace, Idaho</u> (State or country)		15. Age at last birthday <u>19</u> (years)		16. Birthplace (city or place) <u>Soda Springs, Idaho</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			18. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			19. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			20. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....
29. If stillborn, period of gestation..... } months or weeks } 30. Cause of stillbirth..... } Before labor..... } During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at IDP on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Ellis Rackley, M. D.

or _____, Midwife

Give name added from a supplemental report. 2/20/37
(Date of)

Address Soda Springs, Idaho
Filed 2-20-, 1937 Dr. Russell T. Ford
Registrar.

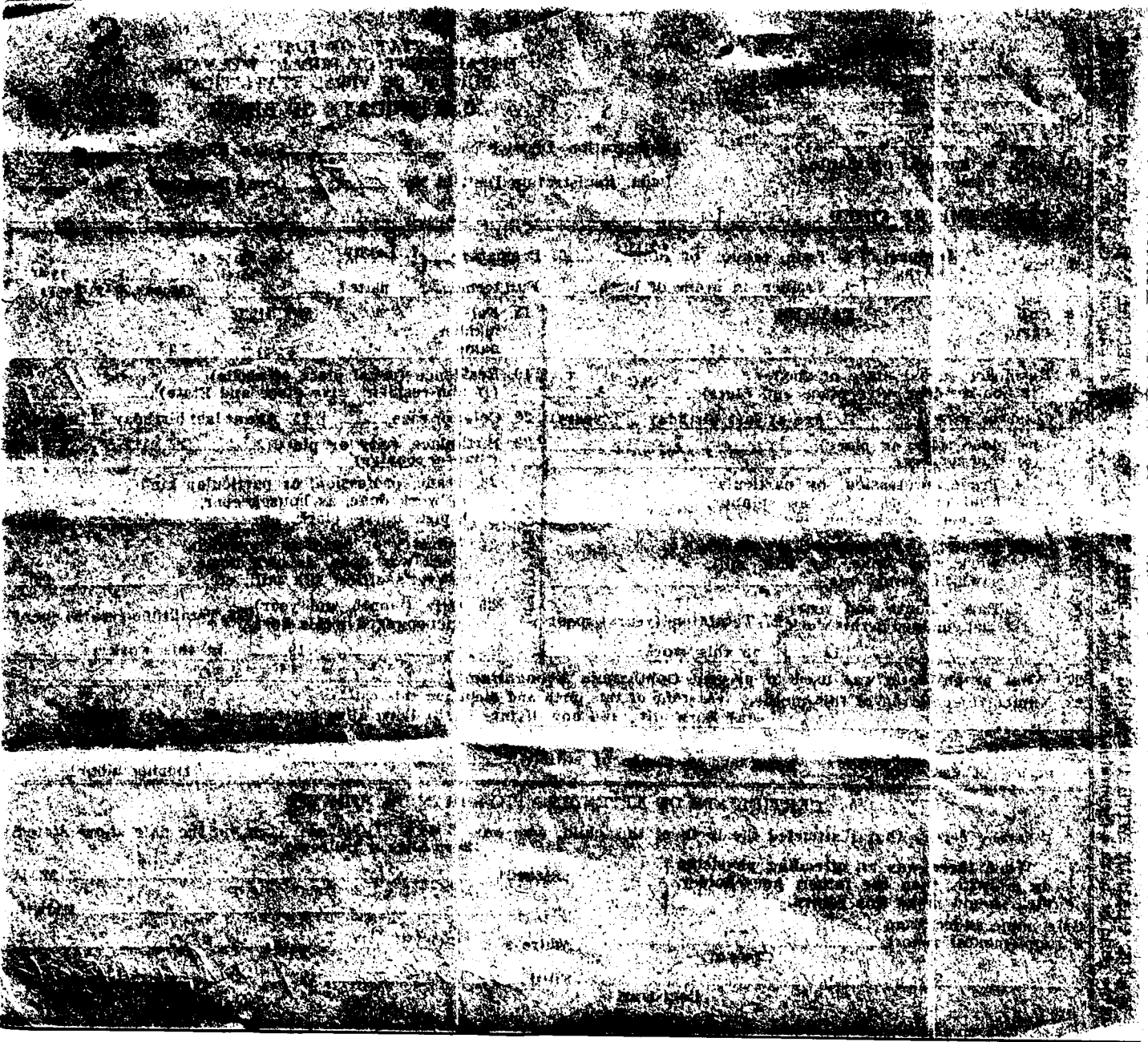
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCCUPATION

OCCUPATION



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CaribouCity of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 82Primary Registration District No. 2159(No. Caribou Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 62. FULL NAME Baby Sheldon Call

(a) Residence, No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (mo. and yr.)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Soda Springs, Idaho
(State or country)13. NAME Truman Lester Ashbaker14. BIRTHPLACE (city or town) Grace, Idaho
(State or country)15. MAIDEN NAME Berniece Maud Call16. BIRTHPLACE (city or town) Soda Springs,
(State or country)17. INFORMANT Berniece Maud Call
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Soda Springs, Idaho Date 2-20, 193719. UNDERTAKER
(Address)20. FILED 2-20, 1937 Dr. Russell Zink
Registrar

DO NOT WRITE IN THIS SPACE

103328

State File No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/19/37

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Russell Zink Dr. Ellis Mackley
(Address) Soda Springs, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:
Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs, Idaho
No. St.
Caribou County Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby McFarlane

3. Sex M 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate Yes 8. Date of birth 2-21, 1937
(Month, Day, Year)

9. Full name FATHER
John McFarlane

10. Residence (usual place of abode)
(If non-resident, give place and State) Cokeville,

11. Color or race W 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Hastings, N. Dakota
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teaches school

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo months or weeks 30. Cause of stillbirth Premature separation of Placenta Before labor During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 PM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Dr. R. Lindsay, M. D.
or , Midwife

Address Montpelier, Idaho

Filed Feb. 25, 1937 Dr. Russell Tipton
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 82 State File No.

Prim. Registration District No. 2159 Local Registrar's No. 72

252952

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou
City of Soda Springs, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103329

State File No. _____

Registration District No. 82Primary Registration District No. 2159Local Registrar's No. 7(No. Caribou County Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby McFarlane

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/21/37

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Soda Springs
(State or country) Ida.

13. NAME John McFarlane

14. BIRTHPLACE (city or town) Hastings, N. Dak
(State or country)

15. MAIDEN NAME Ruby Benz

16. BIRTHPLACE (city or town) Mofab, N. Dak
(State or country)

17. INFORMANT Ruby Benz McFarlane
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 193____

19. UNDERTAKER _____
(Address)

20. FILED 2-25, 1937 D. R. Lindsay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/21/37

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Premature separation of placenta during labor.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D. R. Lindsay M. D.

(Address) _____

Montpelier

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

1. PLACE OF BIRTH
County of Caribou
City of Sade Springs
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
APR 14 1937. CERTIFICATE OF BIRTH S 252953
Registration District No. 82 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2159 Local Registrar's No. 13

2. FULL NAME OF CHILD

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb 22, 1937 (Month, Day, Year)

9. Full name Rullian B. Hayes FATHER

10. Residence (usual place of abode) (If non-resident, give place and State) Sade Springs Ida

11. Color or race W 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Georgetown Ida

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W. P. A.

16. Date (month and year) last engaged in this work Feb, 1937 17. Total time (years) spent in this work 2

18. Full maiden name Lucy Thomas MOTHER

19. Residence (usual place of abode) (If non-resident, give place and State) Sade Springs Ida

20. Color or race W 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Sade Springs Ida

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Feb, 1937 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nit.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P m. on the date above stated.
(Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Dr. Russell T. Fisk, M. D.

or _____ Midwife

Address Sade Springs Ida

Filed 2-23, 1937 Dr. Russell T. Fisk

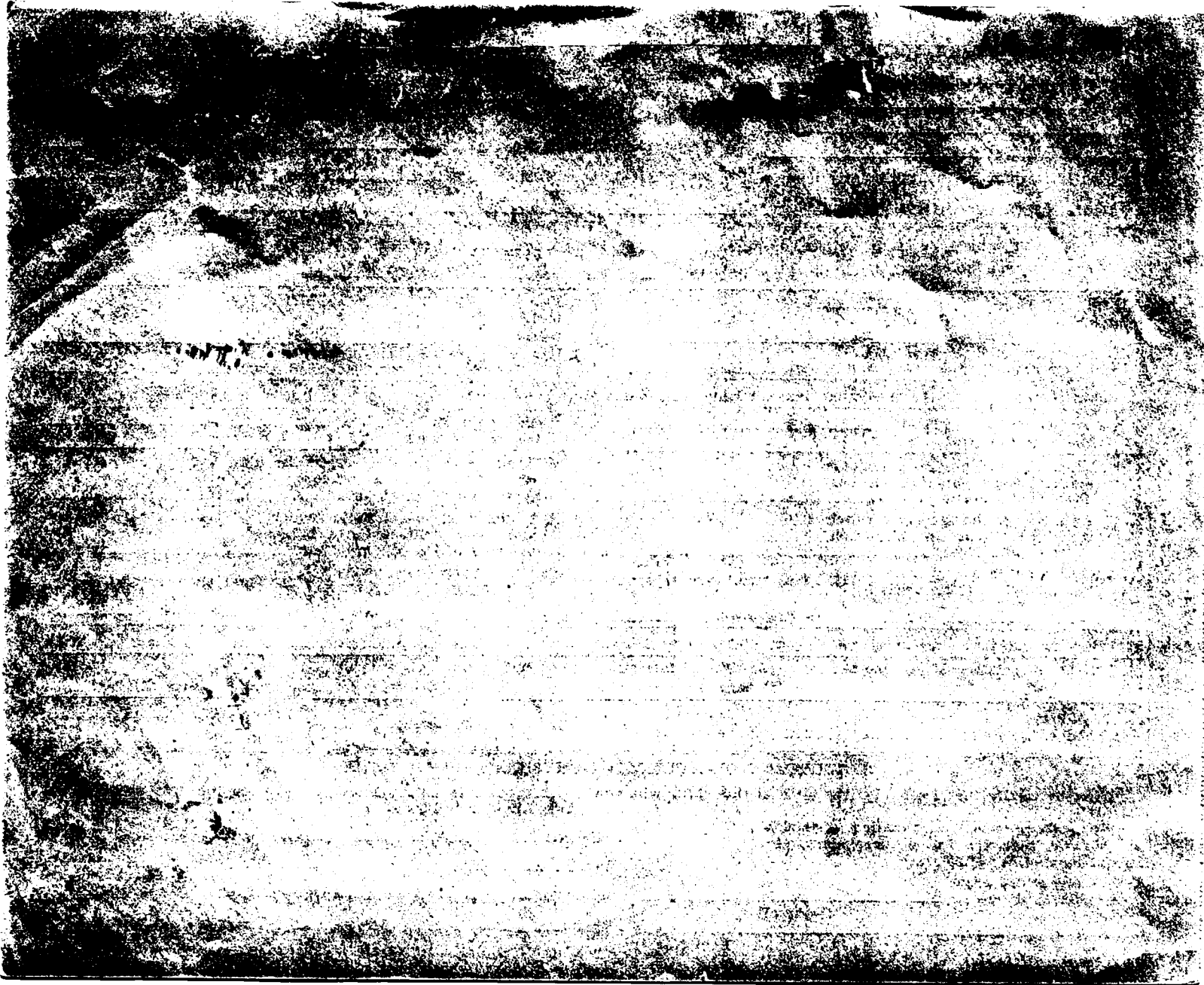
Registrar.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

NO DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
County of <u>Franklin</u>				CERTIFICATE OF BIRTH S253031			
City of <u>Preston</u>				APR 16 1937			
No. <u>Sh. Memorial</u> St. <u>Clasp</u>				Registration District No. <u>27</u>		State File No. _____	
(If born in hospital or institution give name.)				Prim. Registration District No. <u>2119</u>		Local Registrar's No. <u>75</u>	
2. FULL NAME OF CHILD. <u>Stillborn</u> <u>Henderson</u>							
3. Sex <u>7</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>✓</u>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>3-6</u> <u>1937</u> (Month, Day, Year)							
9. Full name FATHER <u>Ervin Henderson</u>				18. Full maiden name MOTHER <u>Ella Covert</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cleveland</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>			
11. Color or race <u>W</u>				20. Color or race <u>W</u>			
12. Age at last birthday <u>22</u> (years)				21. Age at last birthday <u>17</u> (years)			
13. Birthplace (city or place) (State or Country) <u>After, Wyo</u>				22. Birthplace (city or place) (State or Country) <u>Shatcho, Ida.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____			
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead. <u>1</u> (c) Stillborn _____							
29. If stillborn, period of gestation _____ months or weeks				30. Cause of <u>Death</u> <u>Epidemic typhus</u> Before labor _____ During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> <u>105a</u> m on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>O. H. Tuttle</u> M. D.							
or _____ Midwife							
Address <u>Preston Idaho</u>							
Filed <u>April 8</u> , 1937 <u>G. W. States</u> Registrar.							
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.							



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		103365	
County of <u>Franklin</u>		Registration District No. <u>27</u>		State File No.	
City of <u>Preston</u>		Primary Registration District No. <u>2118</u>		Local Registrar's No. <u>27</u>	
<p>(No.)</p> <p>(If death occurred in a hospital or institution, give its name instead of street and number)</p>					
2. FULL NAME <u>Stillborn Hendersen</u>					
(a) Residence, No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>		4. Color or Race <u>W</u>		5. Single, Married, Widowed or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar 5 1937</u>					
7. AGE Years Months Days		If LESS than 1 day, ... hrs. or ... min.			
Stillborn					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation			
10. Date deceased last worked at this occupation (mo. and yr.)					
12. BIRTHPLACE (city or town) <u>Preston Idaho</u>					
(State or country)					
13. NAME <u>Orrin Hendersen</u>					
14. BIRTHPLACE (city or town) <u>Afton Wyo.</u>					
(State or country)					
15. MAIDEN NAME <u>Ella Cowert</u>					
16. BIRTHPLACE (city or town) <u>Thatcher Idaho</u>					
(State or country)					
17. INFORMANT <u>Orrin Hendersen</u>					
(Address) <u>Cleveland Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place..... Date....., 193..					
19. UNDERTAKER					
(Address)					
20. FILED <u>Apr 8 1937</u> <u>G. W. Stokes</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>3-6 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>3-6</u> 1937, to <u>3-6</u> 1937.					
I last saw him alive on <u>3-6</u> 1937; death is said to have occurred on the date stated above, at <u>7 A.M.</u>					
The principal cause of death and related causes of importance were as follows:					
Eencephalitis					Date of onset <u>3-6-37</u>
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis? <u>PT</u> Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193..					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....					
(Signed) <u>G. W. Stokes</u>					
(Address) <u>Preston, Idaho</u>					

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 253065	
County of <u>Gooding</u>		APR 13 1937		CERTIFICATE OF BIRTH	
City of <u>Gooding</u>		Registration District No. _____		State File No. _____	
No. _____ St. _____		Prim. Registration District No. <u>24</u>		Local Registrar's No. <u>374</u>	
(If born in hospital or institution give name) <u>Still born</u>					
2. FULL NAME OF CHILD					
3. Sex <u>male</u>	If plural births <u>4. Twin, triplet, or other</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>3-26</u> , 193 <u>7</u>	
5. Number, in order of birth _____		Full term <u>no</u>		(Month, Day, Year)	
9. Full name FATHER <u>Wallace Vincent St. Clair</u>			18. Full maiden name MOTHER <u>Virginia Irene Coffman</u>		
10. Residence (usual place of abode) <u>Idaho</u>			19. Residence (usual place of abode) <u>Idaho</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Idaho</u>		21. Age at last birthday <u>25</u> (years)		22. Birthplace (city or place) <u>Missouri</u>	
(State or Country)		(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>7 1/2 mos</u>		{ months <u>or weeks</u>		30. Cause of Stillbirth <u>Breach</u>	
				{ Before labor <u>During labor</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born</u> <u>3:16 30</u> a.m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>J. H. Connell</u> , M. D.					
or _____ Midwife					
Address _____					
Filed <u>3-31</u> , 193 <u>7</u> <u>J. H. Connell</u>					
Regist. _____					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Regist. _____

Regist. _____

100000

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding
City of Gooding

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103380

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. 713

APR 13 1937

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Daisy St. Blain

(a) Residence. No. Richfield, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25 37

7. AGE Years Months Days If LESS than 1 day X hrs. or X min. X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sutthorn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gooding (State or country) Idaho

13. NAME Vicent St. Blain

14. BIRTHPLACE (city or town) Salmon (State or country) Idaho

15. MAIDEN NAME Irene Coffman

16. BIRTHPLACE (city or town) Missouri (State or country)

17. INFORMANT Vicent St. Blain (Address)

18. BURIAL, CREMATION OR REMOVAL Place Richfield Date Mar 27, 1937

19. UNDERTAKER A. E. Thompson (Address) Gooding Idaho

20. FILED 3-31, 1937 J. H. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-26 1937

22. I HEREBY CERTIFY, That I attended deceased from birth 3-26-37 to 3-27-37, 1937

I last saw him alive on March 26, 1937; death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

1. Still born
a labor difficult, breech presentation.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) J. H. Thompson, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Jerome</u> City of <u>Jerome</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S APR 12 1937 Registration District No. <u>18</u> State File No. <u>253107</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Baby Lilla</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>X</u> Full term _____	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>April 3, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Robert Lilla</u>		18. Full maiden name MOTHER <u>Enita Lilla</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome, Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>X</u>			
29. If stillborn, period of gestation <u>5 Mos.</u> { months or weeks		30. Cause of Stillbirth { Before labor <u>X</u> During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at _____ m. on the date above stated. (Born Alive or Stillborn) (Signed) <u>Chas. F. Zeller</u> M. D. or _____ Midwife Address <u>Jerome, Idaho</u> Filed <u>Apr 10, 1937</u> <u>Chas. F. Zeller</u> Registrar. Registrar.			

ACKNOWLEDGMENTS

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103403

Registration District No. 18

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)

APR 12 1937

Death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Betty Miller

(a) Residence. No. Jerome, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

4/3/37 Jerome (Stillborn)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Valente Miller

18. BURIAL, CREMATION OR REMOVAL Place Date, 1937

19. UNDERTAKER (Address)

20. FILED Apr 12, 1937 Chas. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193....

I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, atm. The principal cause of death and related causes of importance were as follows:

5th month gestation

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. F. Zeller M. D.

(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

APR 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S253173

1. PLACE OF BIRTH
County of Salah
City of Julietta
No. _____ St. _____

Registration District No. 63 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2143 Local Registrar's No. _____

2. FULL NAME OF CHILD Infant Nelson Still born

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Mar 27, 1937</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	---

9. Full name FATHER
Clifford Harold Nelson
10. Residence (usual place of abode)
(If non-resident, give place and State) Julietta

18. Full maiden name MOTHER
Lura Vernice Grasselace
19. Residence (usual place of abode)
(If non-resident, give place and State) Julietta

11. Color or race W 12. Age at last birthday 26 (years)
13. Birthplace (city or place)
(State or Country) Idaho

20. Color or race W 21. Age at last birthday 19 (years)
22. Birthplace (city or place)
(State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work _____, 19____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 1/2 { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor yes

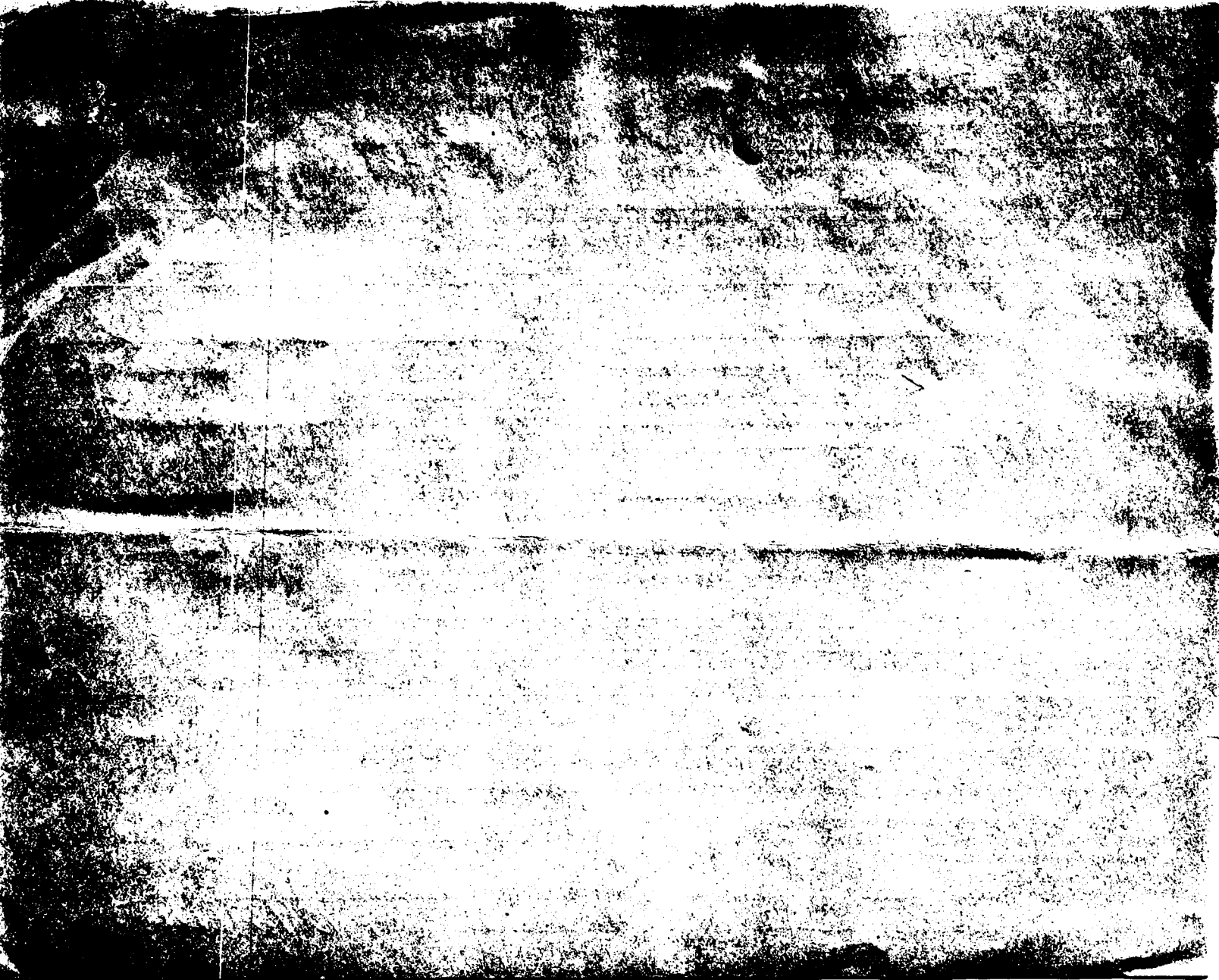
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) D. A. Christensen, M. D.
or _____, Midwife
Address Kendrick, Idaho
Filed Mar 31, 1937 B. F. Nestor
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. 103437	
City of <u>Julesburg</u>		Registration District No. <u>63</u>		Local Registrar's No. <u>10</u>	
		Primary Registration District No. <u>2143</u>			
(No. <u>8 1937</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Infant Nelson (Stillborn)</u>					
(a) Residence. No. _____		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar 27, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) <u>Julesburg, Idaho</u> (State or country)				
FATHER	13. NAME <u>Clifford Harold Nelson</u>				
	14. BIRTHPLACE (city or town) <u>Julesburg, Idaho</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Lena Vernice Groves</u>				
	16. BIRTHPLACE (city or town) <u>Julesburg, Idaho</u> (State or country)				
17. INFORMANT <u>Mrs. L. Groves</u> (Address) <u>Julesburg, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Julesburg</u> Date <u>Mar 27</u> , 1937					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>Mar 31</u> , 1937 <u>B. F. Neibert</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Mar 27</u> , 1937					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Infection of placenta</u> <u>1/2 normal</u> <u>Dead 3 days, weight 4 1/2 lbs.</u> <u>2 weeks overdue</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>D. A. Thompson</u> , M. D. (Address) <u>Julesburg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

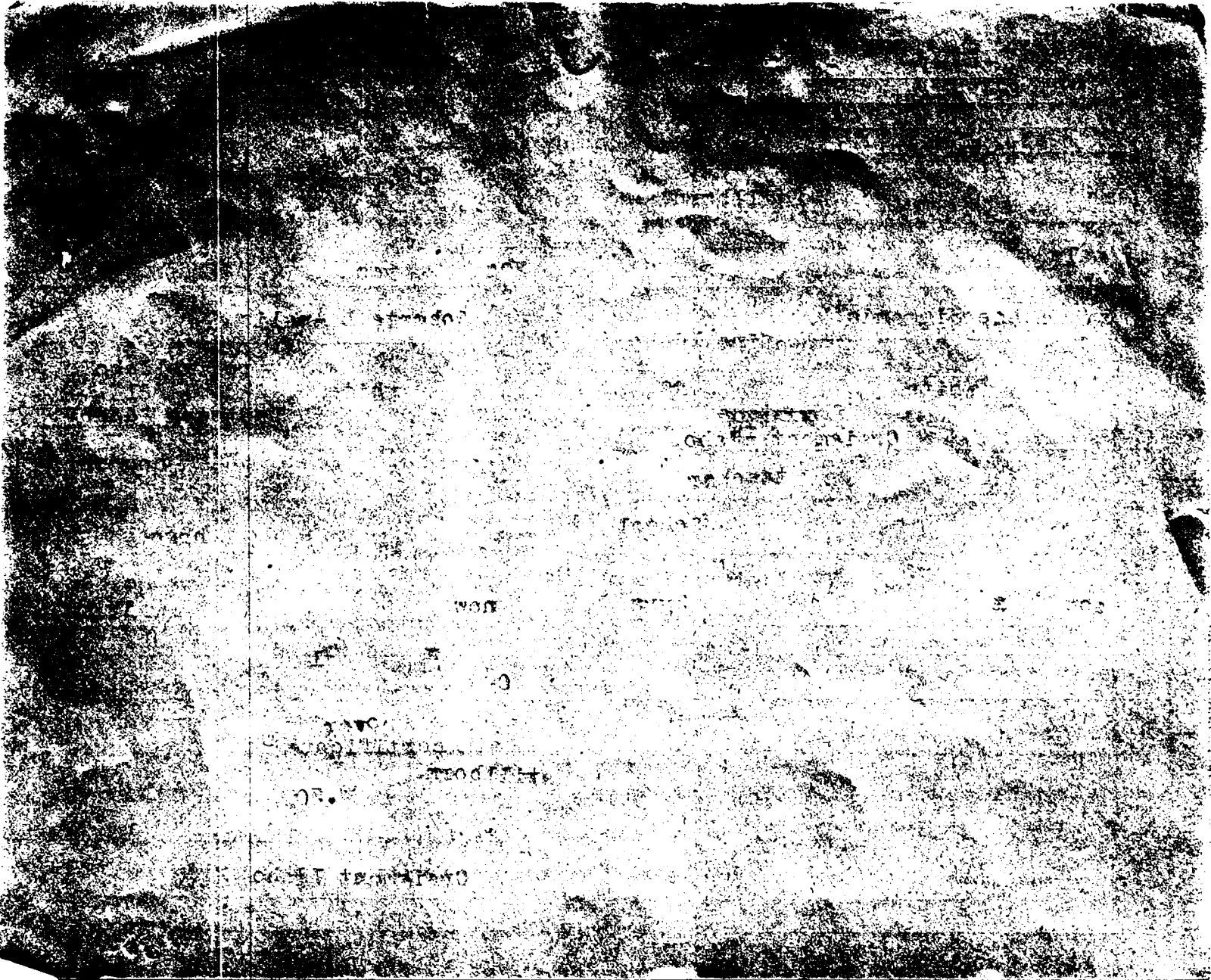
1. PLACE OF BIRTH
County of Lewis
City of Craigmont
No. _____ St. _____
Nelson Hospital
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Stillborn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 253207
Registration District No. 50 State File No. 7
Prim. Registration District No. 2120 Local Registrar's No. 7

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate <u>yes</u>	8. Date of birth <u>Mon 25</u> 19 <u>33</u> (Month, Day, Year)
9. Full name <u>A Lee Simmonds</u> FATHER		18. Full maiden name <u>Roberta E Inglis</u> MOTHER		
10. Residence (usual place of abode) <u>Croftino Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Croftino Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) <u>Craigmont Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Lewiston Idaho</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>teacher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>school</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>		
16. Date (month and year) last engaged in this work <u>now</u> 19 <u>33</u>	17. Total time (years) spent in this work <u>3yrs</u>		25. Date (month and year) last engaged in this work <u>now</u> 19 <u>33</u>	26. Total time (years) spent in this work <u>1 1/2</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth <u>Over death certificate</u> { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ Stillborn _____ p.m. on the date above stated.
(Born-Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) A. E. Simmonds, M. D.
or _____, Midwife
Address Craigmont Idaho
Filed Mar 26, 1937 R. E. Dumbag
B. E. Clock Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 103444	
County of Lewis		City of Craigmont Idaho		Registration District No. 50	
Primary Registration District No. 2129		Local Registrar's No. 5			
APR 6 1937		(No. stillborn)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME					
(a) Residence. No.		St.			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word) single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --					
6. DATE OF BIRTH (month, day, and year) Nov 25-37					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Craigmont Idaho (State or country)					
MOTHER FATHER					
13. NAME A Lee Simmonds					
14. BIRTHPLACE (city or town) Craigmont Idaho (State or country)					
15. MAIDEN NAME Roberta Inglis					
16. BIRTHPLACE (city or town) Lewiston Oregon Idaho (State or country)					
17. INFORMANT * Lee Simmonds (Address) Orofino Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Craigmont Idaho 3-26-37					
19. UNDERTAKER C. E. Clovis (Address) Craigmont Idaho					
20. FILED 3-26- 1937 7 R. E. Simlop C. E. Clovis					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) before Nov 25 1937					
22. I HEREBY CERTIFY, That I attended deceased from Nov 25 , 1937, to Nov 25 , 1937.					
I last saw him alive on him , 1937: death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
Interuterine death probably from 5 to 7 days before birth.					
Over					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? no Date of injury, 1937.					
Where did injury occur? None (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? no					
If so, specify					
(Signed) A. E. Simlop M. D.					
(Address) Craigmont Idaho					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Judging from the macerated condition of the skin—the looseness of the skull bones, the relaxation of the shoulder and pelvic girdle the baby probably died from 5 to 7 days before birth. Only cause we could find was that the cord was tight about the neck. Placenta and outside of the above conditions child C K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
County of <u>Madison</u>			CERTIFICATE OF BIRTH S253225		
City of <u>Reynolds</u>			Registration District No. <u>100</u> State File No. <u>59</u>		
No. <u>230-E-1</u> So. St.			APR 10 1937		
(If born in hospital or institution give name.)			Prim. Registration District No. <u>2178</u> Loc. Registrar's No. <u>59</u>		
2. FULL NAME OF CHILD <u>Baby Jefferson Stillborn</u>					
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>March 13, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Orrin B. Jeppsson</u>			18. Full maiden name MOTHER <u>Mary Adeline Belnap</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoverton, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoverton, Idaho</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>31</u> (years)			21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance agent</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u> </u>			25. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>	
17. Total time (years) spent in this work <u>3 yrs</u>			26. Total time (years) spent in this work <u> </u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>					
29. If stillborn, period of gestation <u> </u> { months or weeks			30. Cause of Stillbirth { <u>Separation of placenta</u> { During labor <u> </u> Before labor <input checked="" type="checkbox"/>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 7:30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Louis A. Rich

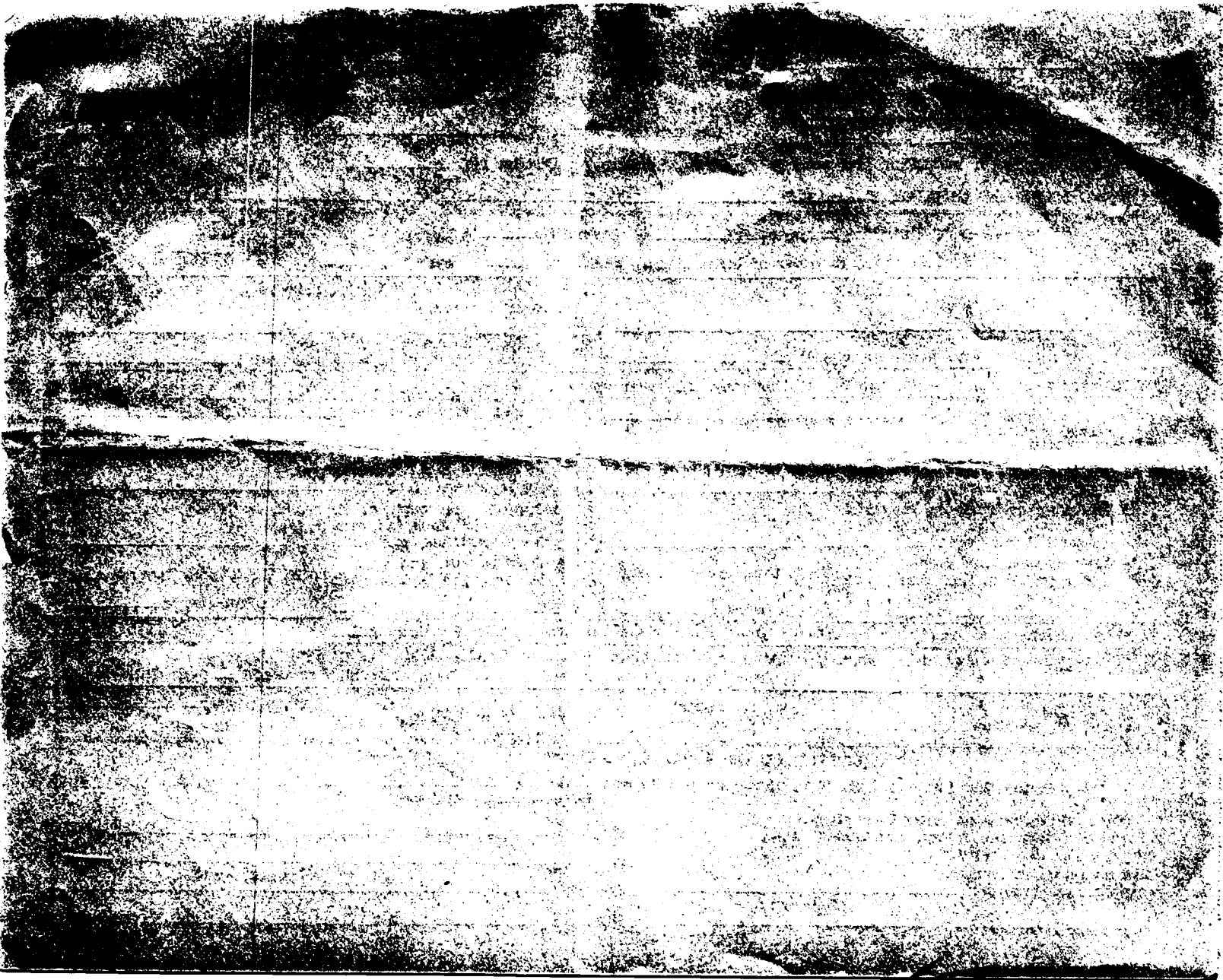
or Reynolds Idaho

Address

Filed 4-8-

1937

Maude Young
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Rebfury

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103460Registration District No. 100Primary Registration District No. 2178Local Registrar's No. 19

(No. 100)
Death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. 2010 St. Rebfury

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.
0 0 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Orrin Jeppson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Belnap

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Sutton Date mar. 14, 1937

19. UNDERTAKER (Address)

20. FILED 4-8, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3 13 193722. I HEREBY CERTIFY, That I attended deceased from 3-13, 1937, to 3-13, 1937.I last saw hwy. Belnap, 1937: death is said to have occurred on the date stated above, at ✓ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature separation of placenta

Other contributory causes of importance:

Several wrappings of umbilical cord false term

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. A. U. Rebfury M. D.
Address Rebfury Idaho

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Thon.</u> No. <u>91</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S253240	
(If born in hospital or institution give name.)		Registration District No. <u>100</u>	State File No. _____
2. FULL NAME OF CHILD <u>Stillborn</u>		Prim. Registration District No. <u>2128</u>	Local Registrar's No. <u>74</u>
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>✓</u>	6. Premature <u>✓</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>2-28</u> , 19 <u>37</u> (Month, Day, Year)			
9. Full name <u>Lyle P. Reid</u> FATHER		18. Full maiden name <u>Lyla Morgan</u> MOTHER <u>Larhe</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Thon.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Thon.</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) (State or Country) <u>Thon., Fla.</u>		22. Birthplace (city or place) (State or Country) <u>Love, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>2-28</u> , 19 <u>37</u>		25. Date (month and year) last engaged in this work <u>2-28</u> , 19 <u>37</u>
17. Total time (years) spent in this work <u>life</u>		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver nitrate 1%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor or Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4-8 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

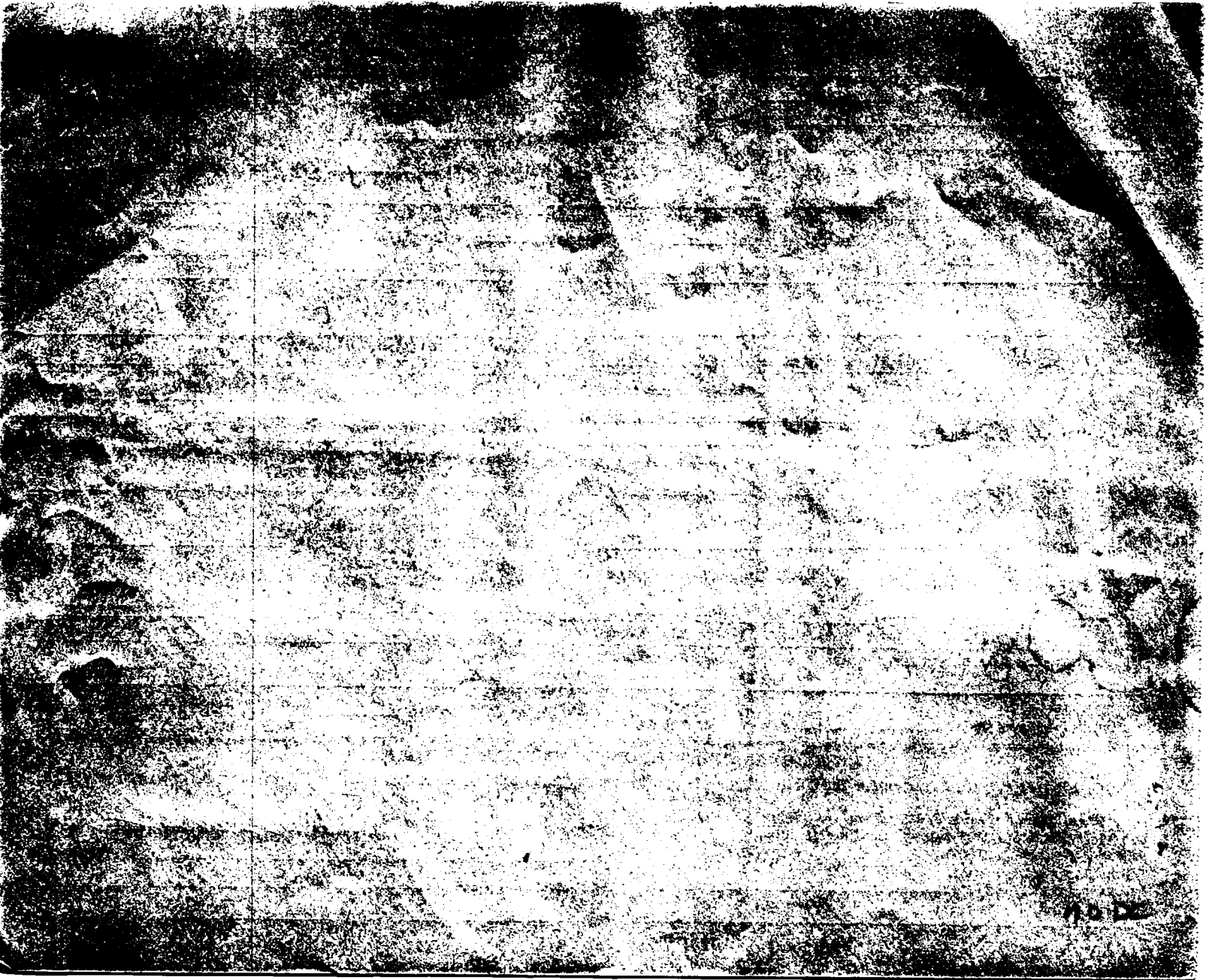
(Signed) M. D. Rutland, M. D.

or _____, Midwife

Address Rexburg, Idaho

Filed 4-8, 1937 Miss H. E. Young

Registrar



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Mississippi</u> City of <u>Rept</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 253253	
Registration District No. <u>19</u> State File No. _____		APR 14 1937	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2015</u> Local Registrar's No. <u>55</u>	
2. FULL NAME OF CHILD <u>Phillip</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>yes</u>
		8. Date of birth <u>Jan 27, 1937</u> (Month, Day, Year)	
9. Full name <u>Charles H. Van Riper</u>		18. Full maiden name <u>Lillian Mary Raper</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rept, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rept, Ida</u>	
11. Color or race <u>M</u>		20. Color or race <u>M</u>	
12. Age at last birthday <u>19</u> (years)		21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>San Antonio, Texas</u>		22. Birthplace (city or place) (State or Country) <u>Rept, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Nine</u> { months _____ or weeks _____		30. Cause of stillbirth { Before labor <u>Card about</u> During labor <u>Rock</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Phillip</u> at <u>240</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>Chas. H. Van Riper</u> , M. D.			
or _____, Midwife			
Address <u>Reedley, Idaho</u>			
Filed <u>4-11-37</u> , 1937 <u>ONE</u>			
Regist. _____			

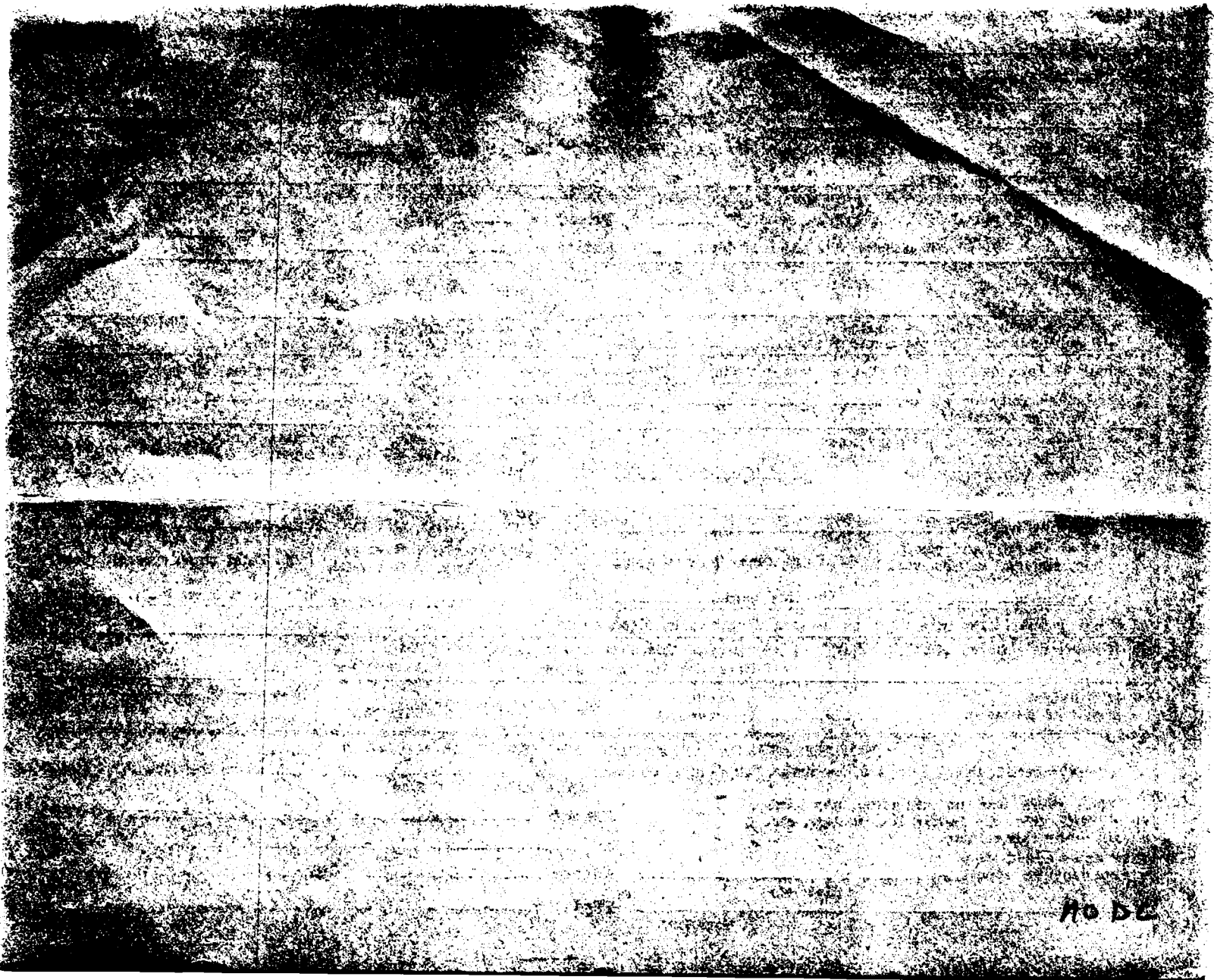
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Regist. _____

Regist. _____



NO DE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1 PLACE OF BIRTH
County of Nez Perce
City of Lewiston Idaho
No. St
St Joseph's Hospital Registration District No. 1009 State File No. 253395

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
253395

(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____
2. FULL NAME OF CHILD Murdock

3. Sex M If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth 3-20, 1937
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Fred M. Murdock
10. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State) Lewiston Ida
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Kimmer Wyoming
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Hiway Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

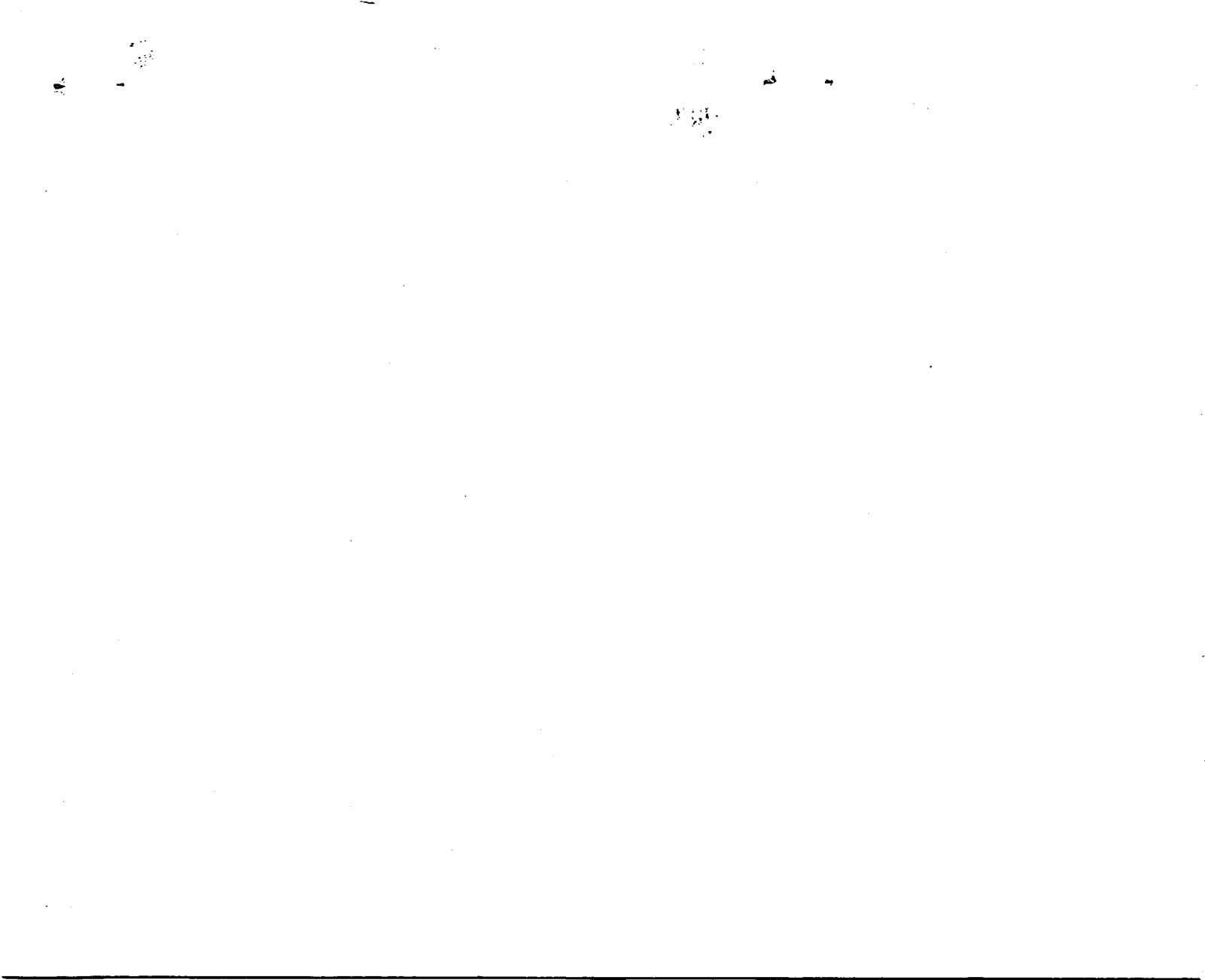
18. Full maiden name MOTHER Ina Rudd
19. Residence (usual place of abode) Lewiston Ida
(If non-resident, give place and State) _____
20. Color or race W 21. Age at last birthday 25 (years)
22. Birthplace (city or place) ong Nebraska
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation Term { months _____ or weeks _____
30. Premature rupture of membranes During labor _____
Prostate told Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 2:00 pm on the date above stated.
(Born alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. Paul G. ... M. D.
or _____ Midwife
Address Lewiston Idaho
Filed April 8, 1937 M. N. Caster Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1009
Primary Registration District No. 96 Local Registrar's No. 819

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Son of Mr. and Mrs. F. M. Mudd

(a) Residence No. Lewiston, Idaho

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 20, 37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

13. NAME F. M. Mudd

14. BIRTHPLACE (city or town) Wyoming
(State or country)

15. MAIDEN NAME Ina Mudd

16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT F. M. Mudd
(Address) Lewiston, Idaho

18. ~~BURIAL, CREMATION OR REMOVAL~~
Place Boise, Ida. Date Mar. 22, 1937

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Mar. 22, 1937 M. J. Caskey
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 103472

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/20/37

22 I HEREBY CERTIFY, That I attended deceased from 3-20, 1937, to 3-20-37, 1937

I last saw him alive on 3-20, 1937; death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury
1937

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. J. Heist

(Address) Lewiston Ida

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Nez Perce</u> City of <u>Sewiston</u> No. <u>St. Joseph's Hospital</u> St. <u>APR 12 1937</u> (If born in hospital or institution give name.) Registration District No. <u>1609</u> State File No. <u>253309</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>Baby boy large - Stillborn</u>		Prim. Registration District No. <u>96</u> Local Registrar's No. <u>-</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature <u>8 mo</u> Full term <u>no</u>	7. Legiti- mate? <u>yes</u>
9. Full name FATHER <u>Richard Albert Large</u>		18. Full maiden name MOTHER <u>Myrtle Lawrence</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sewiston, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sewiston</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>28</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Washington</u>		22. Birthplace (city or place) (State or Country) <u>Washington</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck-driver</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
	16. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
18. Date (month and year) last engaged in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
19. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>about 8 months</u> months or weeks	
30. Cause of Stillbirth <u>Nephritis</u>		Before labor <u>yes</u> During labor <u>no</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9.0 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

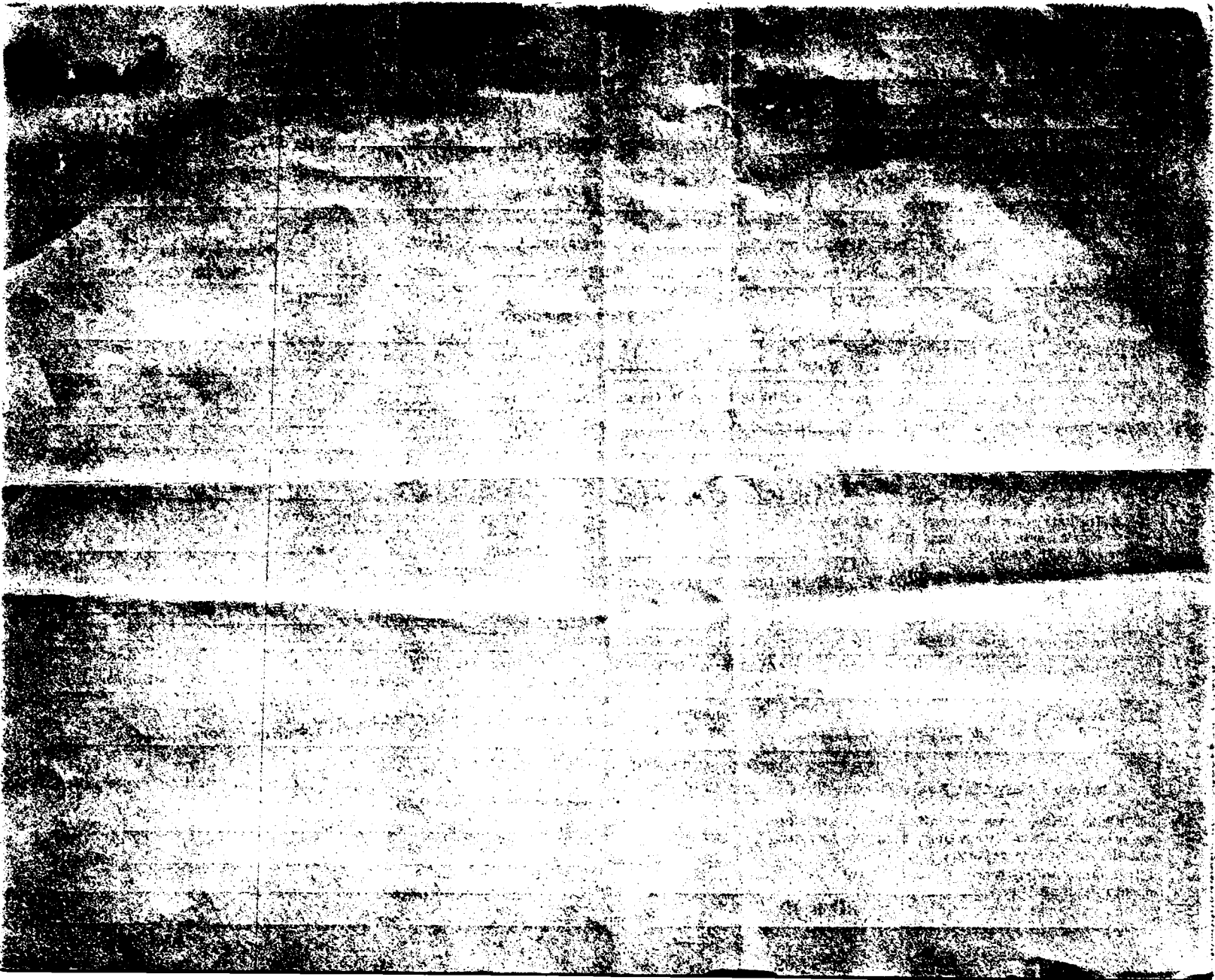
Registrar.

(Signed) Dr. Barrow, M. D.

or _____, Midwife

Address Sewiston, Idaho

Filed April 4, 1937 M. J. Custer Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103468

State File No.

Registration District No. 1009Primary Registration District No. 46Local Registrar's No. 815(No. St. Joseph's Hospital)

APR 12 1937

2. FULL NAME Infant son of Mr. & Mrs. Nick Large
death occurred in a hospital or institution, give its name instead of street and number)

(a) Residence No. 1424-14th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-14-37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME Richard Large

14. BIRTHPLACE (city or town) Dayton
(State or country) Washington

15. MAIDEN NAME Myrtle Lawrence

16. BIRTHPLACE (city or town) Spokane
(State or country) Washington

17. INFORMANT Richard Large
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ids Date 3-15 1937

19. UNDERTAKER Vassar-Rawls Mortuary
(Address) Lewiston, Idaho

20. FILED Apr 7, 1937 M. W. Caskey
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-14-1937

22 I HEREBY CERTIFY, That I attended deceased from 3/4/37, 193, to 3/14/37, 193.

I last saw him alive on still 193; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis
in the mother

Date of onset

Other contributory causes of importance:

none

Name of operation none Date of _____
What test confirmed diagnosis? Was there an
autopsy? No Laboratory tests

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. E. Larsson M. D.(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Wallace</u> No. <u>Wallace Hosp.</u> St. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Norma Dorene Lagard - Stillborn</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 253359 APR 9 1937 Registration District No. <u>70</u> State File No. <u>1011</u> Local Registrar's No. <u>44</u>		
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb 23, 1927</u> (Month, Day, Year)
9. Full name FATHER <u>Norman Lawrence Lagard</u>		18. Full maiden name MOTHER <u>Lillian Clifford Ogilvie</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Big Creek</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Big Creek</u>		
11. Color or race <u>White</u> 12. Age at last birthday <u>23</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>20</u> (years)		
13. Birthplace (city or place) (State or Country) <u>St. Regis Mont</u>		22. Birthplace (city or place) (State or Country) <u>Harmony Ark.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mining</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sunshine mine</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H.W.</u>	
	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>4 yr.</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>1 1/2 yr</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>full term</u>		months or weeks	30. Cause of Stillbirth <u>Pyloric</u> Before labor During labor <input checked="" type="checkbox"/>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10: P m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Pauline Farris, M. D.

or _____, Midwife

Address Wallace Idaho

Filed Mar 9, 1937 John Brer

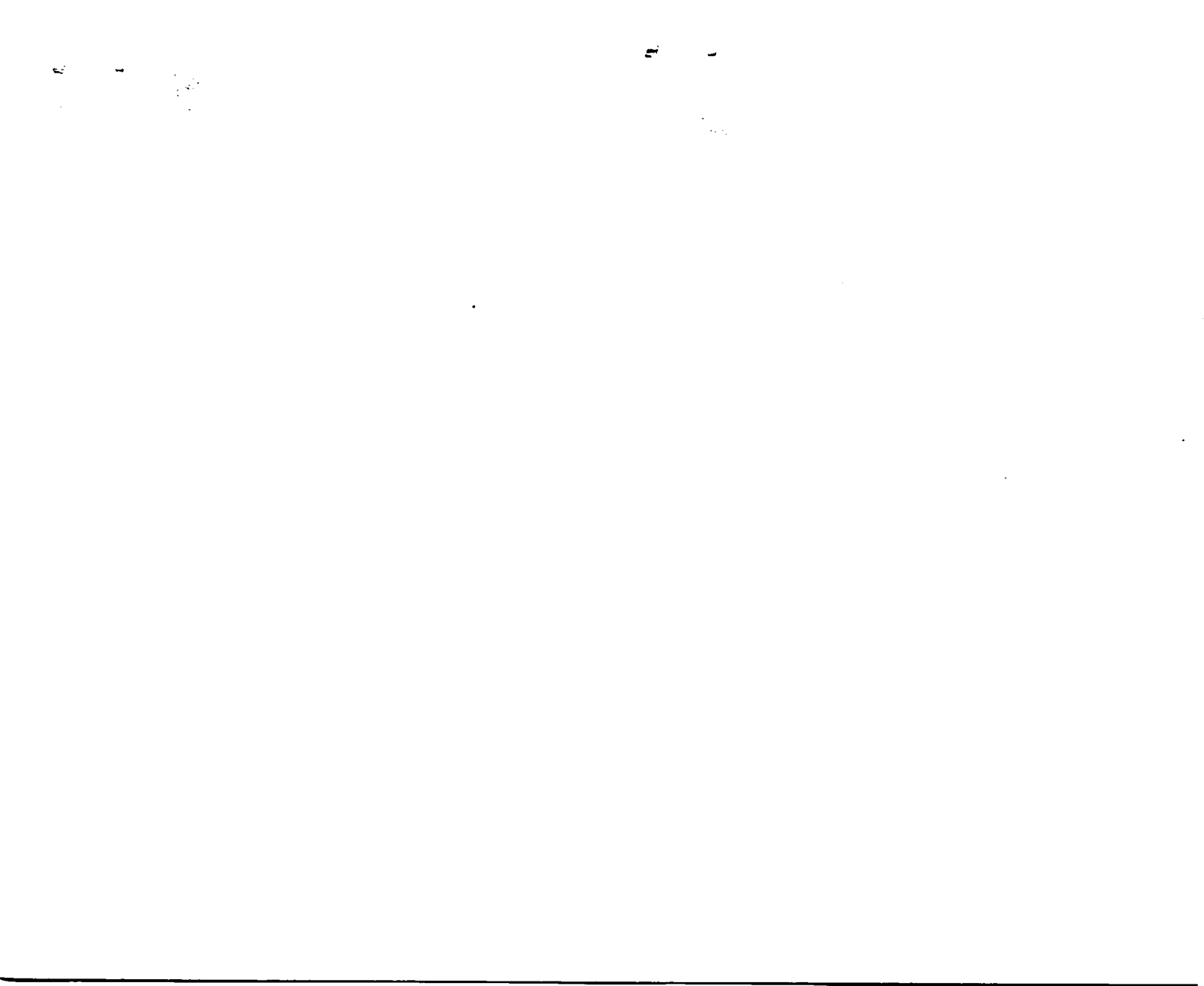
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 103082	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	Primary Registration District No. <u>1011</u>	Local Registrar's No. <u>32</u>	
<p>CERTIFICATE OF DEATH</p> <p>(If death occurred in a hospital or institution, give its name instead of street and number)</p> <p>2. FULL NAME <u>William Norman Legard</u></p> <p>(a) Residence. No. <u>Big Creek Idaho.</u> St. _____</p> <p>(Usual place of abode) (If nonresident give city or town and state)</p> <p>Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.</p>					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb 23-37</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____	
	<u>0</u>	<u>0</u>	<u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Ida.</u>					
MOTHER/FATHER	13. NAME <u>Norman Legard</u>				
	14. BIRTHPLACE (city or town) <u>St Regis</u> (State or country) <u>Mont.</u>				
	15. MAIDEN NAME <u>William Legard</u>				
	16. BIRTHPLACE (city or town) <u>Manassas</u> (State or country) _____				
17. INFORMANT <u>Norman Legard</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL Place <u>Valley 7th</u> Date <u>Feb 25 1937</u>					
19. UNDERTAKER (Address) <u>W. J. Bower (works)</u>					
20. FILED <u>Feb 24 1937</u> <u>W. J. Bower</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Feb 23 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 23</u> , 193 <u>7</u> , to <u>2-23</u> , 193 <u>7</u>					
I last saw him alive on _____, 193 <u>7</u> : death is said to have occurred on the date stated above, at <u>10 P.</u> m. The principal cause of death and related causes of importance were as follows:					
<u>Still born Pale</u>					
<u>Distressing</u>					
<u>contracted Pelvis</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>7</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>W. J. Bower</u> (Address) <u>Wallace Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1925

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Quinn Falls
City of Filer
No. _____ St.

APR 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 253411

Registration District No. _____

State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2085

Local Registrar No. 136

2. FULL NAME OF CHILD

Gerald Hugh Howard

(Stillborn)

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 6. Premature, 8 mos. ✓ 7. Legitimate? yes 8. Date of birth March 17, 1937
(Month, Day, Year)

9. Full name FATHER

Otis Howard

10. Residence (usual place of abode)
(If non-resident, give place and State) Filer, Idaho

11. Color or race W 12. Age at last birthday 48 (years)

13. Birthplace (city or place)
(State or Country) Colorado

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
March, 1937

17. Total time (years) spent in this work _____

18. Full name MOTHER

Ladie Irene Hughes

19. Residence (usual place of abode)
(If non-resident, give place and State) Filer, Idaho

20. Color or race W 21. Age at last birthday 38 (years)

22. Birthplace (city or place)
(State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work
March, 1937

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks

30. Cause of stillbirth Undetermined { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 3:50 P. m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) James W. Creed, M. D.

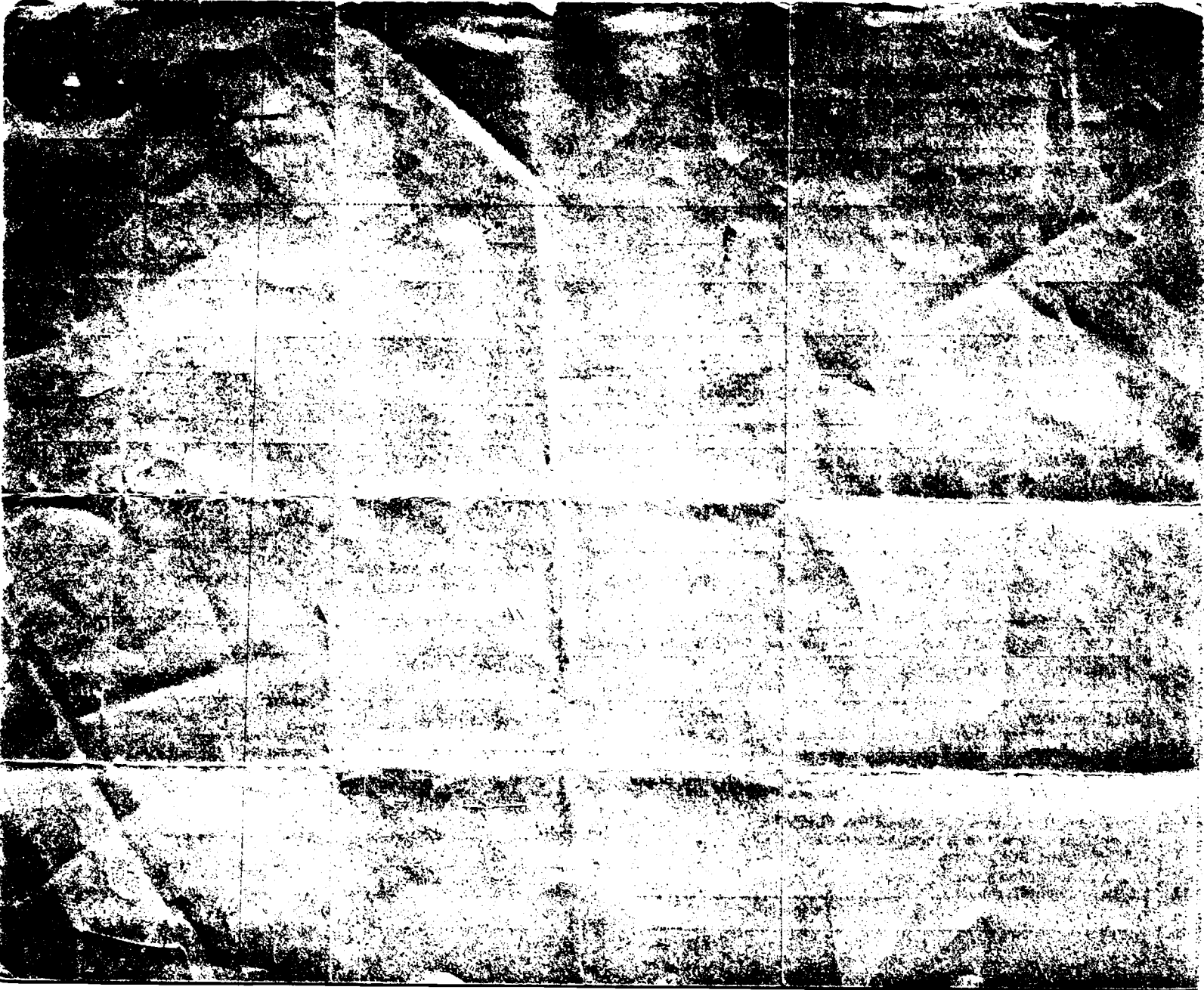
or _____, Midwife

Address Filer, Idaho Box 102

Filed Apr. 5, 1937

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Summit Falls
City of Filer

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
103514
State File No. _____

Registration District No. _____

Primary Registration District No. 2085

Local Registrar's No. 60

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Deafed Hugh Howard

(a) Residence No. Filer
(Usual place of abode)

St. _____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Mar 1/37

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stellhorn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Darks
(State or country) _____

13. NAME Otis Howard

14. BIRTHPLACE (city or town) Colo
(State or country) _____

15. MAIDEN NAME Mrs Hugh

16. BIRTHPLACE (city or town) Darks
(State or country) _____

17. INFORMANT Otis Howard
(Address) Filer

18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Mar 17, 1937

19. UNDERTAKER Frank D. Baker
(Address) Summit Falls

20. FILED 3/23/37 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/17/1937

22 I HEREBY CERTIFY, That I attended deceased from _____ 1937, to _____, 1937.

I last saw Deafed Hugh Howard 1937: death is said to have occurred on the date stated above, at 3:50 p. m.
The principal cause of death and related causes of importance were as follows:

Undetermined
Still Birth
Eight months gestation
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) James W. Greed, M. D.
(Address) Box 102, Filer, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 253426	
County of <u>Twin Falls</u>		APR 13 1937			
City of <u>Twin Falls</u>		Registration District No. <u>37</u>		State File No. <u>151</u>	
No. <u>Twin Falls County Hospital</u> St. <u>Hospital</u>		Prim. Registration District No. <u>2053</u>		Local Registrar's No. <u>151</u>	
2. FULL NAME OF CHILD <u>Darrell William Phillips</u> (<u>Stillborn</u>)					
3. Sex <u>male</u>		4. Twin, triplet, or other. <u>0</u>		5. Number, in order of birth <u>0</u>	
6. Premature <u>No</u>		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>March 7, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Darrell William Phillips</u>			10. Full maiden name MOTHER <u>Leota Lucille Ulrich</u>		
11. Residence (usual place of abode) (If non-resident, give place and State) <u>Castleford</u>			12. Residence (usual place of abode) (If non-resident, give place and State) <u>Castleford</u>		
13. Color or race <u>W</u>			14. Age at last birthday <u>26</u> (years)		
15. Birthplace (city or place) (State or Country) <u>Preston Idaho</u>			16. Birthplace (city or place) (State or Country) <u>Cosby Mo.</u>		
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Twin Falls Canal Co.</u>			18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Twin Falls Farm</u>			20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
21. Date (month and year) last engaged in this work <u>3-8, 1937</u>			22. Date (month and year) last engaged in this work <u>3-8, 1937</u>		
23. Total time (years) spent in this work <u>5 yrs</u>			24. Total time (years) spent in this work <u>2 years</u>		
25. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>					
26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
27. If stillborn, period of gestation <u>9</u> { months or weeks. Before labor <u>Prolonged labor</u>					
28. Cause of stillbirth. During labor <u>Prolonged labor</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5:15</u> a.m. on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Give name added from a supplemental report _____					
(Date of) _____					
Registrar. <u>J. B. Humphrey</u>					

2

STATE OF TEXAS
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 14 1964

PLACE OF BIRTH

NAME OF CHILD
SEX
DATE OF BIRTH
PLACE OF BIRTH

NAME OF FATHER
NAME OF MOTHER
DATE OF MARRIAGE
PLACE OF MARRIAGE
NAME OF CITY
NAME OF COUNTY
NAME OF STATE

1. I, the undersigned, being a resident of the State of Texas, do hereby certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

2. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

3. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

4. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

5. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

6. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

7. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

8. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

9. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

10. I further certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Public Welfare, State of Texas, at the City of Austin, Texas, on the 14th day of April, 1964.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lewis Falls
City of Lewis Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103510

State File No. _____

Registration District No. _____

Primary Registration District No. 2085Local Registrar No. 55(No. Lewis Falls Co. Gen'l Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Darrel W. Phillips Jr

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) 3-9-37
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewis Falls
(State or country) Idaho

MOTHER FATHER 13. NAME Darrel W. Phillips
14. BIRTHPLACE (city or town) Creston
(State or country) Idaho

15. MAIDEN NAME Leola Ulrich16. BIRTHPLACE (city or town) Creston
(State or country) Idaho17. INFORMANT D. W. Phillips
(Address) Idaho18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date 3/10, 193719. UNDERTAKER Evans Johnson
(Address) Idaho20. FILED 3-11, 1937
Registrar Idaho

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/9 193722. I HEREBY CERTIFY, That I attended deceased from 3/9 1937 to 3 1937I last saw him alive on 3/9 1937; death is said to have occurred on the date stated above, at approx-9m. The principal cause of death and related causes of importance were as follows:Date of onset 3/9/37
stillborn - died during laborOther contributory causes of importance: Breech birth - 3-9-37Asphyxiation from prolapse of umbilical cordName of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937Where did injury occur? _____
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place noManner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) H. J. Parkinson M. D.
(Address) Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

PLACE OF BIRTH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S253471	
County of <u>Valley</u>		Registration District No. <u>15</u>		State File No. _____			
City of <u>Cascade</u>		Prim. Registration District No. _____		Local Registrar's No. <u>26</u>			
No. <u>Sanwich No. 14</u> St.							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Gerald Matthews - ST. John</u>							
3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other <u>✓</u>	5. Number, in order of birth <u>✓</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>3-28</u> , 193 <u>7</u>	(Month, Day, Year)
9. Full name <u>FATHER James Monroe Matthews</u>				18. Full maiden name <u>MOTHER Gladia Dean Bacon</u>			
10. Residence (usual place of abode) <u>Cascade</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Cascade Ida.</u> (If non-resident, give place and State)			
11. Color or race <u>W</u>		12. Age at last birthday <u>48</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) <u>Star Valley Wyoming</u> (State or Country)				22. Birthplace (city or place) <u>Germ (New Smithburg) Idaho</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Paper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year) last engaged in this work <u>✓</u> , 19 <u> </u>		17. Total time (years) spent in this work <u>✓</u>		25. Date (month and year) last engaged in this work <u>✓</u> , 19 <u> </u>		26. Total time (years) spent in this work <u>✓</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>							
29. If stillborn, period of gestation <u>8 months</u> { months or weeks				30. Cause of stillbirth <u>Injury</u> { Before labor <u>20 days</u> During labor <u>20 days</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>6 P</u> m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>Lowell B. Priddy</u> , M. D.							
or _____, Midwife							
Address <u>Mc Call, Idaho</u>							
Filed <u>Mar 31st</u> , 193 <u>7</u> <u>Montana J. Ready</u> <u>B. Myrtle M. Gardner</u> Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

104

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

104741

State File No.

PLACE OF DEATH
County of Valley
City of Cascade
Township 14

Registration District No.

Primary Registration District No. 15Local Registrar's No. 5

APR 2 1937

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Matthews (Stillborn) 206(a) Residence No. Cascade Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 3-28-37

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Cascade (State or country) Idaho

MOTHER/FATHER 13. NAME James Monroe Matthews
14. BIRTHPLACE (city or town) Star Valley (State or country) Wyoming
15. MAIDEN NAME Gratia Dean Bacon
16. BIRTHPLACE (city or town) Terre (State or country) Idaho

17. INFORMANT Mrs. James Matthews (Address) Cascade Idaho18. BURIAL, CREMATION OR REMOVAL Place Crown Point Date Mar. 30, 193719. UNDERTAKER None (Address) _____20. FILED Mar. 31, 1937 Montana Ready RegistrarBy M. M. Gardner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-28-193722. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to 3-28, 193____.

I last saw him alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
I thought to be due to
injury in utero on
3-28-37

Other contributory causes of importance:

Date of onset
3-28-37

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence)—fill in also the following:

Accident, suicide, or homicide? yes Date of injury 3-28Where did injury occur? Cascade (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Mother killed by lightning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Lawrence B. Bennett, M. D.(Address) McClellan Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				S 253556	
County of <u>Ada</u>		MAY 4 - 1937		Registration District No. <u>2</u>		State File No. _____	
City of <u>Boise</u>				Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>214</u>	
No. <u>St. Luke's Hospital</u> St.		(If born in hospital or institution give name.)		Registration District No. <u>1004</u>		Local Registrar's No. <u>214</u>	
2. FULL NAME OF CHILD <u>George Frederick Melanathy - Stillborn</u>							
3. Sex <u>M</u>		If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____		6. Premature _____ Full term <u>yes</u>		7. Legitimate? <u>yes</u>	
						8. Date of birth <u>Apr 5-11</u> , 1937 (Month, Day, Year)	
9. Full name FATHER <u>J. M. Melanathy</u>				18. Full maiden name MOTHER <u>Frances R. Arnold</u>			
10. Residence (usual place of abode) <u>Broadway Cabins Boise</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Broadway Cabins Boise</u> (If non-resident, give place and State)			
11. Color or race <u>W</u>				20. Color or race <u>W</u>			
12. Age at last birthday <u>49</u> (years)				21. Age at last birthday <u>37</u> (years)			
13. Birthplace (city or place) <u>Almy, Wyoming</u> (State or Country)				22. Birthplace (city or place) <u>Willow Cr. on Camas Prairie, Idaho</u> (State or Country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor, Construction</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
		16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
		17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>stillborn</u>							
28. Number of children of this mother <u>10</u> (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>2</u>							
29. If stillborn, period of gestation <u>in 10th month</u>		{ months or weeks		30. Cause of stillbirth <u>premature separation of placenta</u>		{ Before labor <u>4 hours before</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:27pm. on the date above stated.
(Born Alive or Stillborn)

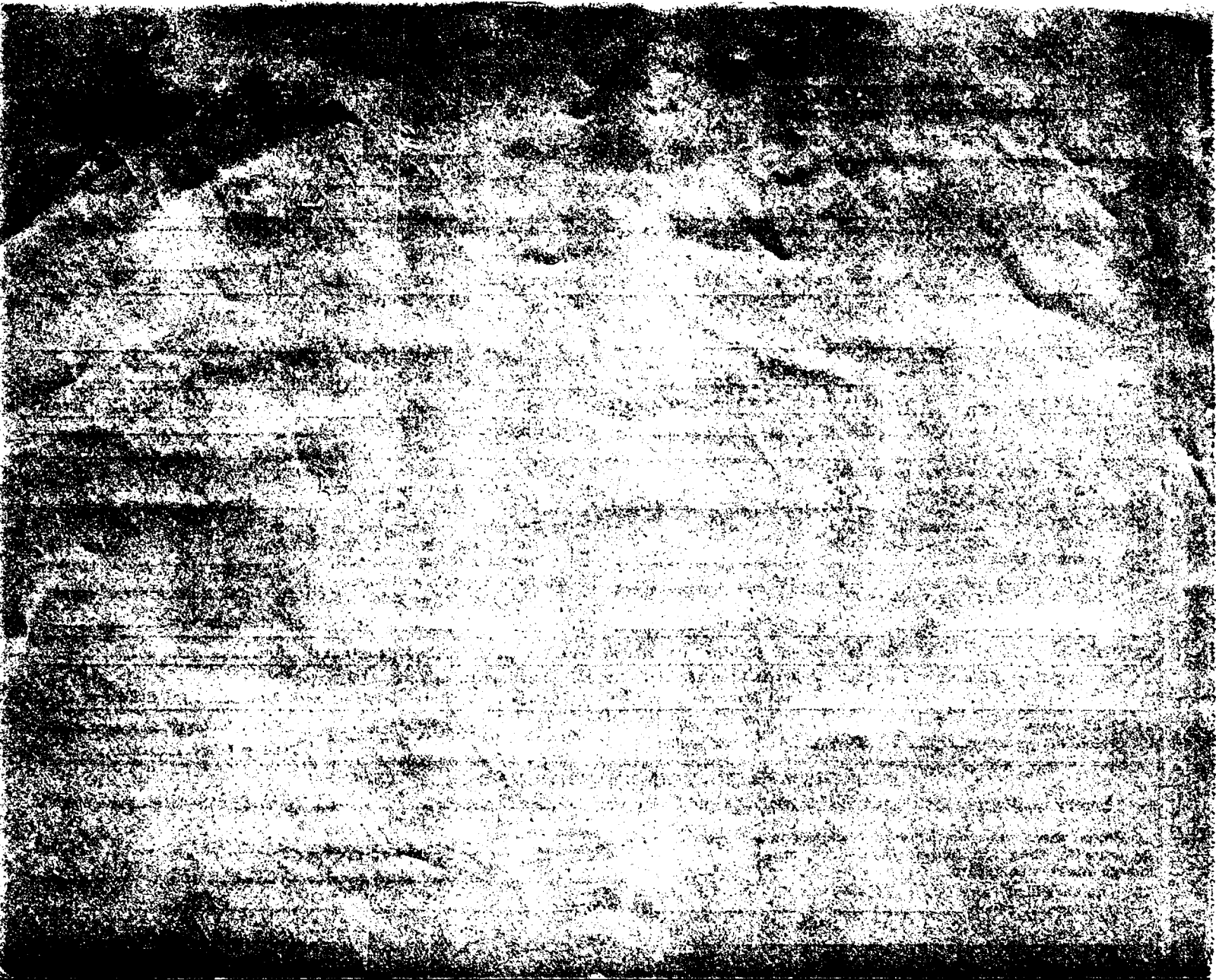
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____

(Signed) E. M. Taylor, M. D.
or Boise, Idaho
Address _____
Filed 4-9, 1937 R. Sharp

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103600Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 126(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Melanathy(a) Residence. No. 1060 Broadway St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color & Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-5-37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Ida
(State or country)13. NAME John Melanathy14. BIRTHPLACE (city or town) Wyo.
(State or country)15. MAIDEN NAME Francis R. Arnold16. BIRTHPLACE (city or town) Ida.
(State or country)17. INFORMANT John Melanathy
(Address) Boise18. BURIAL, CREMATION OR REMOVAL Boise
Place Morris Hill Date 4-7-193719. UNDERTAKER Schreiber & W. Baum
(Address) Boise, Ida20. FILED 4-7-1937 Registrar. R. Sharp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

193....., to 193.....

I last saw him alive on Apr 5, 1937; death is saidto have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance

were as follows:

Hemorrhage of placenta
causing complete
separation of same
approximately 4 or 5
hours before birth

Other contributory causes of importance:

Mother had severe spell
of vomiting at the time

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) J. M. Taylor, M. D.(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **253642**

MAY 8 - 1937

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. St Anthony Hospital
(If born in hospital or institution give name.)
Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 1999

2. FULL NAME OF CHILD Still Born

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes Full term _____ 7. Legitimate? yes 8. Date of birth April 2, 1937
(Month, Day, Year)

9. Full name FATHER Henry H. Henricksen 18. Full maiden name MOTHER Alice Devenberg
10. Residence (usual place of abode) (If non-resident, give place and State) 332 Washington 19. Residence (usual place of abode) (If non-resident, give place and State) 332 Washington
11. Color or race white 12. Age at last birthday 23 (years) 20. Color or race white 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Pocatello, Idaho 22. Birthplace (city or place) (State or Country) Auburn Wyoming

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utah California Motor Line 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work April 2, 1937 17. Total time (years) spent in this work 6 months 25. Date (month and year) last engaged in this work April 2, 1937 26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) :
(a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 7 months { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:15 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) F. S. Miller, M. D.

or _____ Midwife

Address 310 East Center - Pocatello

Filed 5-2, 1937 D. C. Ray

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

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528843

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103627

State File No.

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 940(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Henriksen(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr. 2, 1937

7. AGE Years <u>0</u>	Months <u>Still-Born</u>	Days <u> </u>	If LESS than 1 day <u> </u> hrs. or <u> </u> min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>
	10. Date deceased last worked at this occupation (mo. and yr.) <u> </u>

11. Total time (years) spent in this occupation
 12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

MOTHER FATHER	13. NAME <u>Henry H. Henriksen</u>
	14. BIRTHPLACE (city or town) <u>Pocatello,</u> (State or country) <u>Idaho.</u>

15. MAIDEN NAME Alice Devenberg16. BIRTHPLACE (city or town) Auburn,
(State or country) Wyoming.17. INFORMANT Henry H. Henriksen
(Address) Pocatello, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place St. Anthony, Ida. Date Apr. 3, 1937.19. UNDERTAKER Arthur V. Hall Mortuary
(Address) Pocatello, Idaho.20. FILED Apr. 2, 1937. J. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 2, 1937.22. I HEREBY CERTIFY, That I attended deceased from
April 2, 1937, to April 2, 1937.I last saw him alive on , 193 : death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Date of onset

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193 Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. S. Miller M. D.
(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Tacahle</u>		2. FULL NAME OF CHILD <u>Still born Yellow</u>	
3. Sex <u>male</u>		4. Twin, triplet, or other <u>5. Number, in order of birth</u>	
5. Full name <u>Harry Yellow</u>		6. Premature <u>Full term</u>	
7. Legitimate? <u>yes</u>		8. Date of birth <u>April 8, 1937</u> (Month, Day, Year)	
9. Full name <u>Mary B. Hunt</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>645 N 10th</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Bingham Canyon Utah</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Building laborer</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Penitentiary Contr. Co.</u>		16. Date (month and year) last engaged in this work <u>at present, 19</u>	
17. Total time (years) spent in this work <u>20 years</u>		18. Full maiden name <u>Mary B. Hunt</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>645 N 10th</u>		20. Color or race <u>white</u>	
21. Age at last birthday <u>34</u> (years)		22. Birthplace (city or place) (State or Country) <u>Calfas Washington</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>General office work</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>J. C. Penny store</u>	
25. Date (month and year) last engaged in this work <u>July, 1933</u>		26. Total time (years) spent in this work <u>6 1/2 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agnes</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full Term</u>		30. Cause of stillbirth <u>Stillborn</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 12 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) [Signature], M. D.

or _____, Midwife

Address Tacahle

Filed 4-16, 1937 D. Cray

Registrar.

Registrar.

813818

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103635

Registration District No. 28

MAY 6 - 1937

Primary Registration District No. 2167Local Registrar's No. 948(No. St. Anthony Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Elgin Lee Yellow(a) Residence. No. 645 N. 10th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Apr. 7, '37

7. AGE Years Months Days If LESS than 1 day 2 hrs. or 9 min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

13. NAME Harry Yellow

14. BIRTHPLACE (city or town) Bingham
(State or country) Utah

15. MAIDEN NAME Mary E. Hunt

16. BIRTHPLACE (city or town) Colfax
(State or country) Oregon

17. INFORMANT Harry Yellow
(Address) 645 N. 10th

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Apr. 9, 1937

19. UNDERTAKER J. J. Finney
(Address) Pocatello, Idaho

20. FILED 4-9, 1937 D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7-, 1937, to 4-7-, 1937

I last saw him alive on 4-7-, 1937; death is said

to have occurred on the date stated above, at Shillb. m.
The principal cause of death and related causes of importance were as follows:

Shillb.
Operation
Separation of Placenta

Other contributory causes of importance:

pneumonia
Operation
of Placenta

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 1937

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Carlson M. D.
(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes Full term _____ 7. Legitimate? Yes 8. Date of birth April 23, 1937 (Month, Day, Year)

9. Full name FATHER William Eugene Schutt

10. Residence (usual place of abode) Pocatello Ida (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Pocatello, Idaho (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 2

18. Full maiden name MOTHER Vennes May Hansen

19. Residence (usual place of abode) Pocatello, Ida (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Hill Spring Alberta (State or Country) Canada

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 2:25 PM on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____ Midwife

Address _____

Filed 5-2, 1937 Chay

Registrar.

RECEIVED

MAY 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

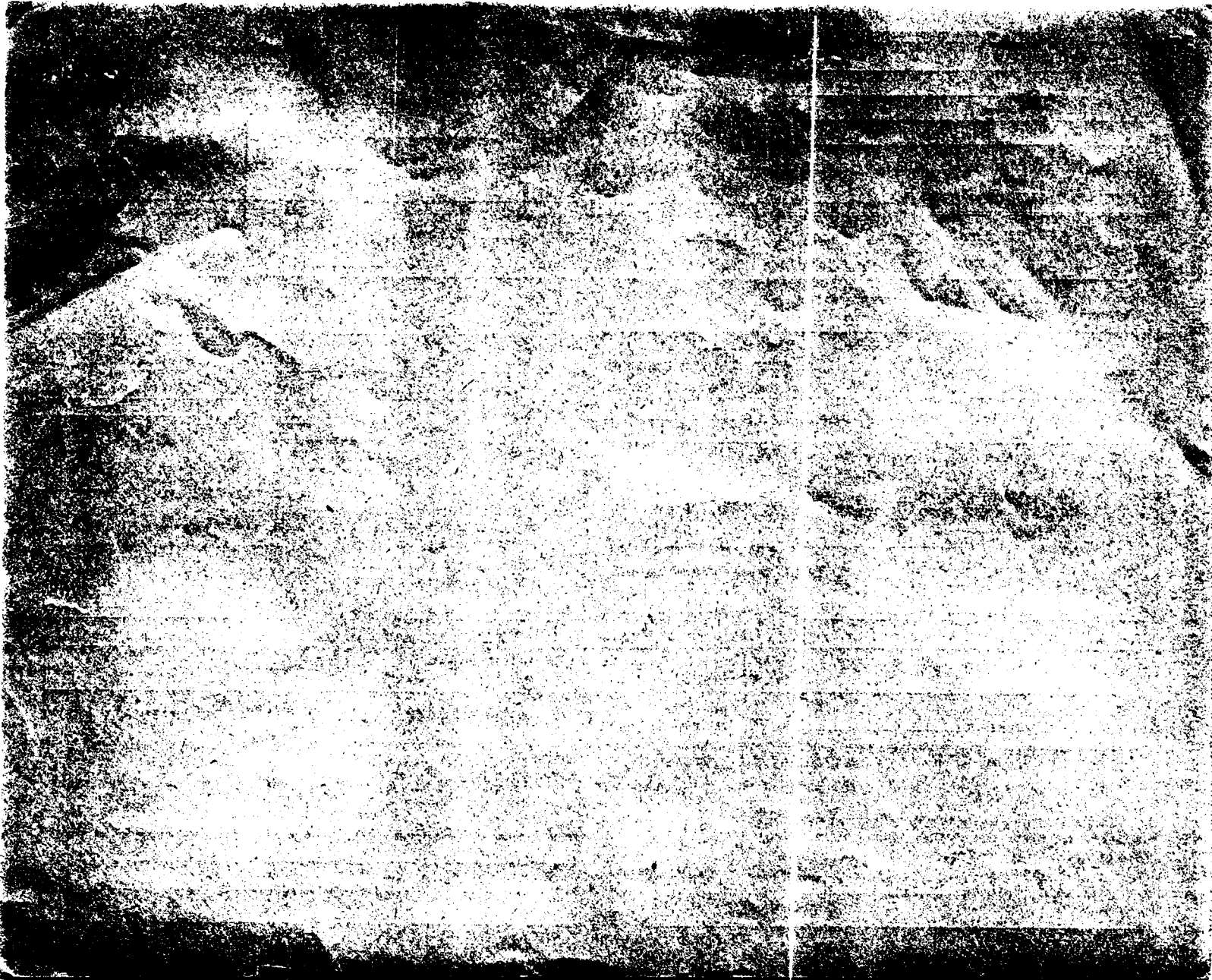
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 28

Prim. Registration District No. 2161 Local Registrar's No. 2078

Still born

253670



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH		State File No.	103641
City of	Pocatello	Registration District No. 28		Local Registrar's No.	955
MAY 6-1937		Primary Registration District No. 2161		206	
(If death occurred in a hospital or institution, give its name instead of street and number)		(No. General Hospital)			
2. FULL NAME (Infant) Schutt					
(a) Residence. No. R. F. D. Route #1		St. Pocatello, Idaho			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)			
Male	White				
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Seven months (premature)					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Pocatello, Idaho (State or country)					
13. NAME W. E. Schutt.					
14. BIRTHPLACE (city or town) Pocatello, Idaho (State or country)					
15. MAIDEN NAME Vennes Hansen					
16. BIRTHPLACE (city or town) Hill Spring, Canada (State or country)					
17. INFORMANT W. E. Schutt (Address)					
18. BURIAL, CREMATION OR REMOVAL Place Pocatello Date 4/13/37 1937					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello					
20. FILED 4-24, 1937 J. C. Ray Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 4/23/ 1937					
22. I HEREBY CERTIFY, That I attended deceased from 4-23-1937 to 4-23-1937					
I last saw him alive on 4-23, 1937: death is said to have occurred on the date stated above, at ____ m.					
The principal cause of death and related causes of importance were as follows: Still Born at about 8 months					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 1937 _____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____					
(Signed) _____ M. D. _____					
(Address) _____					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1916
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

314 229 006-619

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot, Idaho
No. _____ St. _____

MAY 6-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
253726

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 114

2. FULL NAME OF CHILD Stillborn Cammock

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>4-29</u> , 193 <u>7</u> (Month, Day, Year)
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9. Full name <u>Wilbert Cammock</u>	FATHER	18. Full maiden name <u>Ernie Ward</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot</u>	
11. Color or race <u>Cauc</u>	12. Age at last birthday <u>17</u> (years)	20. Color or race <u>Cauc</u>	21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) (State or Country) <u>Spanish Fork, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Meridian, Idaho</u>	

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>37</u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>37</u>
	17. Total time (years) spent in this work <u>yes</u>		26. Total time (years) spent in this work <u>yes</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag No. 3

28. Number of children of this mother (At time of this birth and including this child)
115 (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation <u>practically term</u> { months _____ or weeks _____	30. Cause of stillbirth <u>Stagnation by cord</u> Before labor <u>yes</u> During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:20 p.m. on the date above stated.
(Born Alive or Stillborn)

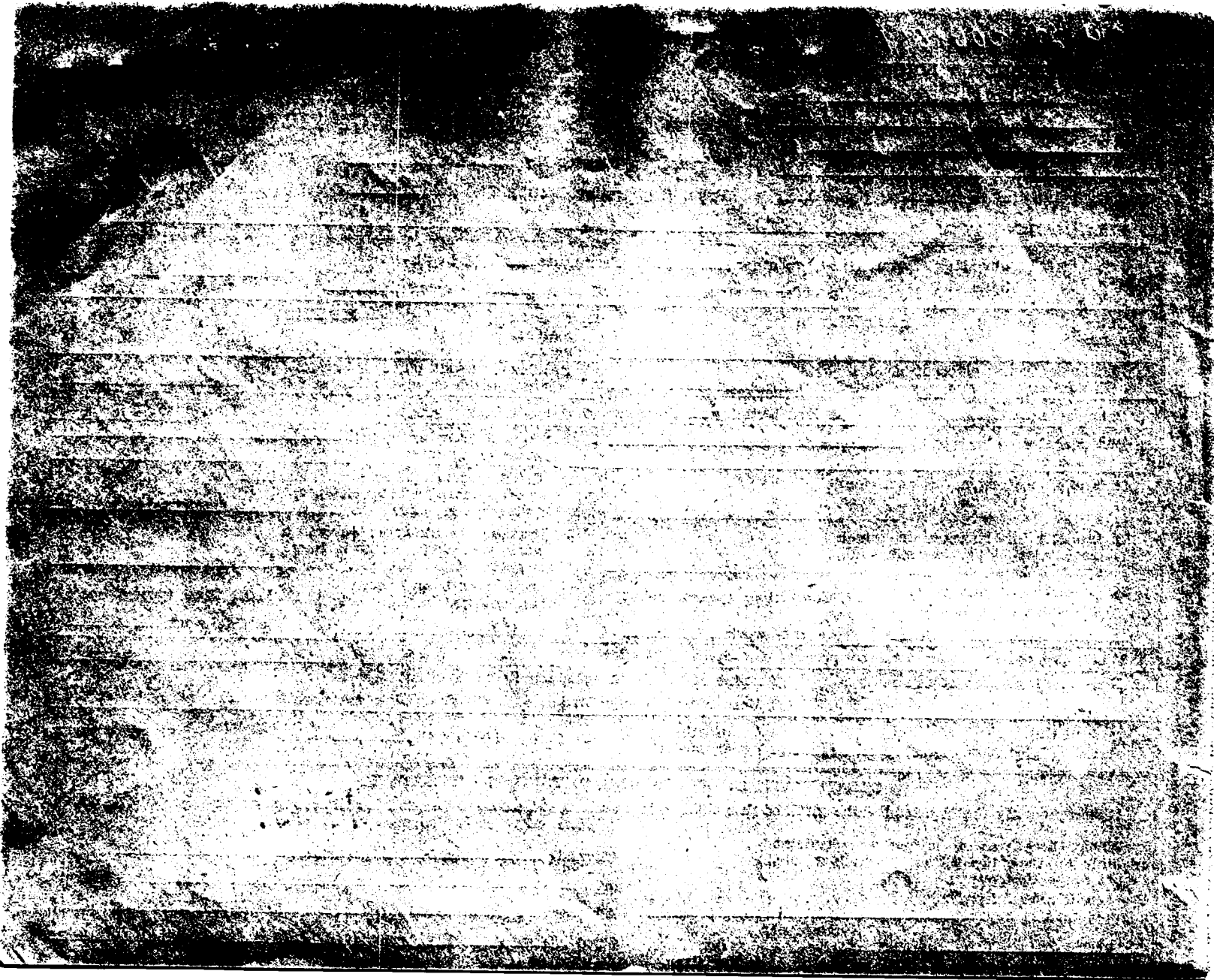
When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

Registrar.

(Signed) W. E. Miller, M. D.
or _____, Midwife

Address Blackfoot, Idaho
Filed May 4, 1937 Mr. Walter E. Fisher
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

103682

Local Registrar's No. 68

(If nonresident give city or town and state)

MEDICAL CERTIFICATE OF DEATH

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

MAY 5 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls Idaho
No. Memorial Drive St. L.H.S. Hospital

Registration District No. 13

State File No. 253775

(If born in hospital or institution give name)

Prim. Registration District No. 2150

Local Registrar's No. 210

2. FULL NAME OF CHILD

Stellborn Peterson

Margaret Peterson

3. Sex Female If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth 1 6. Premature no 7. Legitimate? yes 8. Date of birth 4-11-1937 (Month, Day, Year)

9. Full name FATHER Arthur W. Peterson

18. Full maiden name MOTHER Arzela Slater Peterson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls, R.#

19. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 30 (years)

20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Idaho Falls Idaho

22. Birthplace (city or place) (State or Country) Ammon Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rented farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 4-10-1937 17. Total time (years) spent in this work 20 yrs.

25. Date (month and year) last engaged in this work 4-10-1937 26. Total time (years) spent in this work 7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 3 months or weeks

30. Cause of Stillbirth { During labor { Before labor {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stellborn at 1:45 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

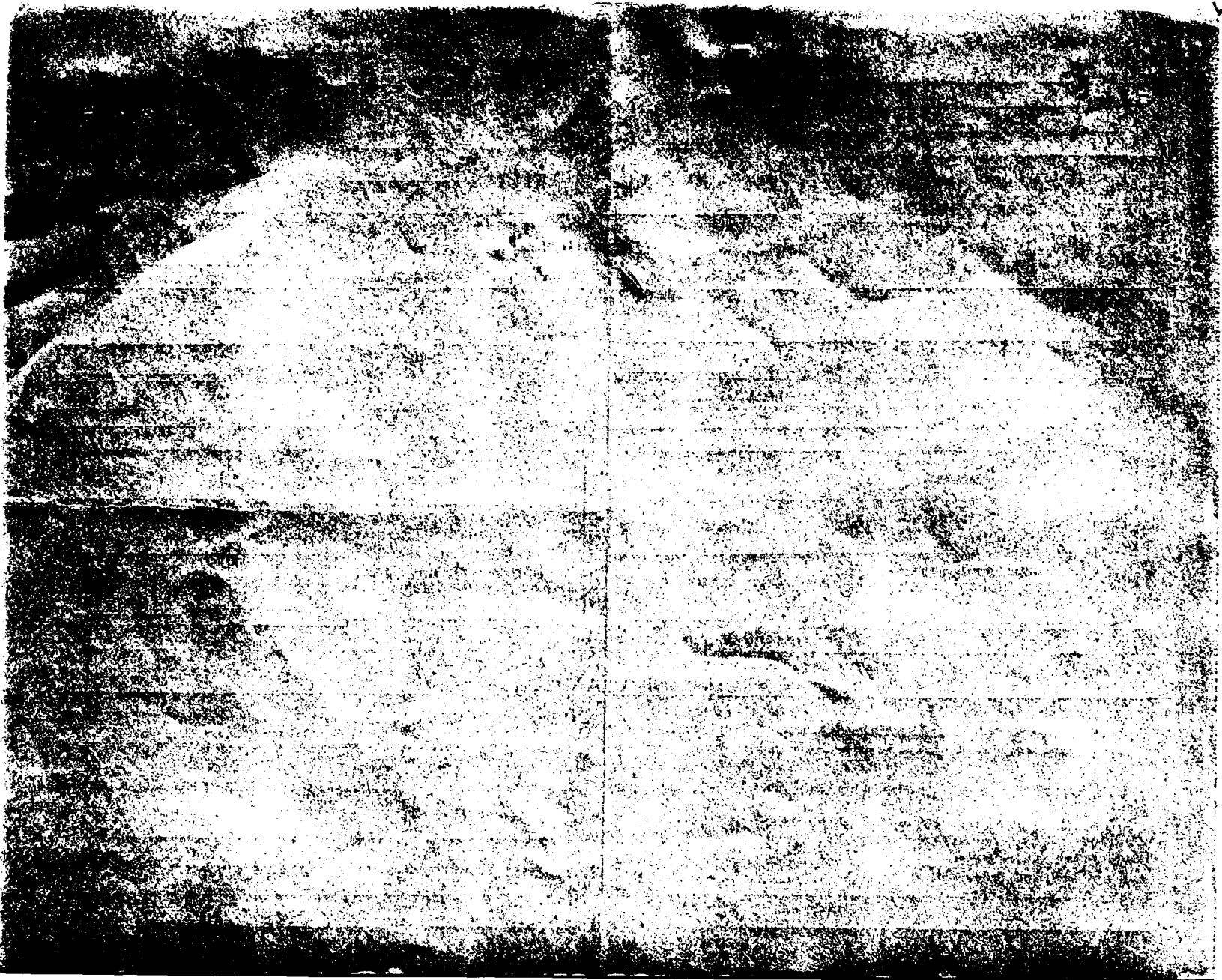
(Signed) A. R. Bodin, M. D.

or _____ Midwife

Address Idaho Falls, Idaho

Filed May 11, 1937 7 Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
103706
State File No. _____

MAY 5 - 1937

Registration District No. 73

Primary Registration District No. 2140

Local Registrar's No. 81

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Peterson

(a) Residence. No. Route #4

(Usual place of abode)

St. Idaho Falls, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-11-'37

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER FATHER 13. NAME Arthur W. Peterson

14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

15. MAIDEN NAME Argola Blotter

16. BIRTHPLACE (city or town) Ammon
(State or country) Idaho

17. INFORMANT Route #4 Idaho Falls, Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Apr 11, 1937

19. UNDERTAKER None
(Address)

20. FILED Apr 11, 1937 (Signature)
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1937 to 4/11, 1937

I last saw him alive on Stillborn, 1937: death is said

to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) A. B. Peterson M. D.

(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

452-24810-769
1. PLACE OF BIRTH
County of Benneville
City of Idaho Falls
No. 178 Whittier St.

MAY 5-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 253816

Registration District No. 73 State File No. _____

(If born in hospital or institution give name.)

From Registration District No. 2150 Local Registrar's No. 252

2. FULL NAME OF CHILD

Stillborn Messinger

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth April 24, 1937
(Month, Day, Year)

9. Full name Allen Ray Messinger FATHER

18. Full maiden name Edwina Maud Porter MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls

19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls

11. Color or race W. 12. Age at last birthday 42 (years)

20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place)
(State or Country) Spencer, New York

22. Birthplace (city or place)
(State or Country) Alexis, Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 11 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 3

29. If stillborn, period of gestation 9 { months or weeks 30. Cause of Stillbirth { Before labor Yes
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:35 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

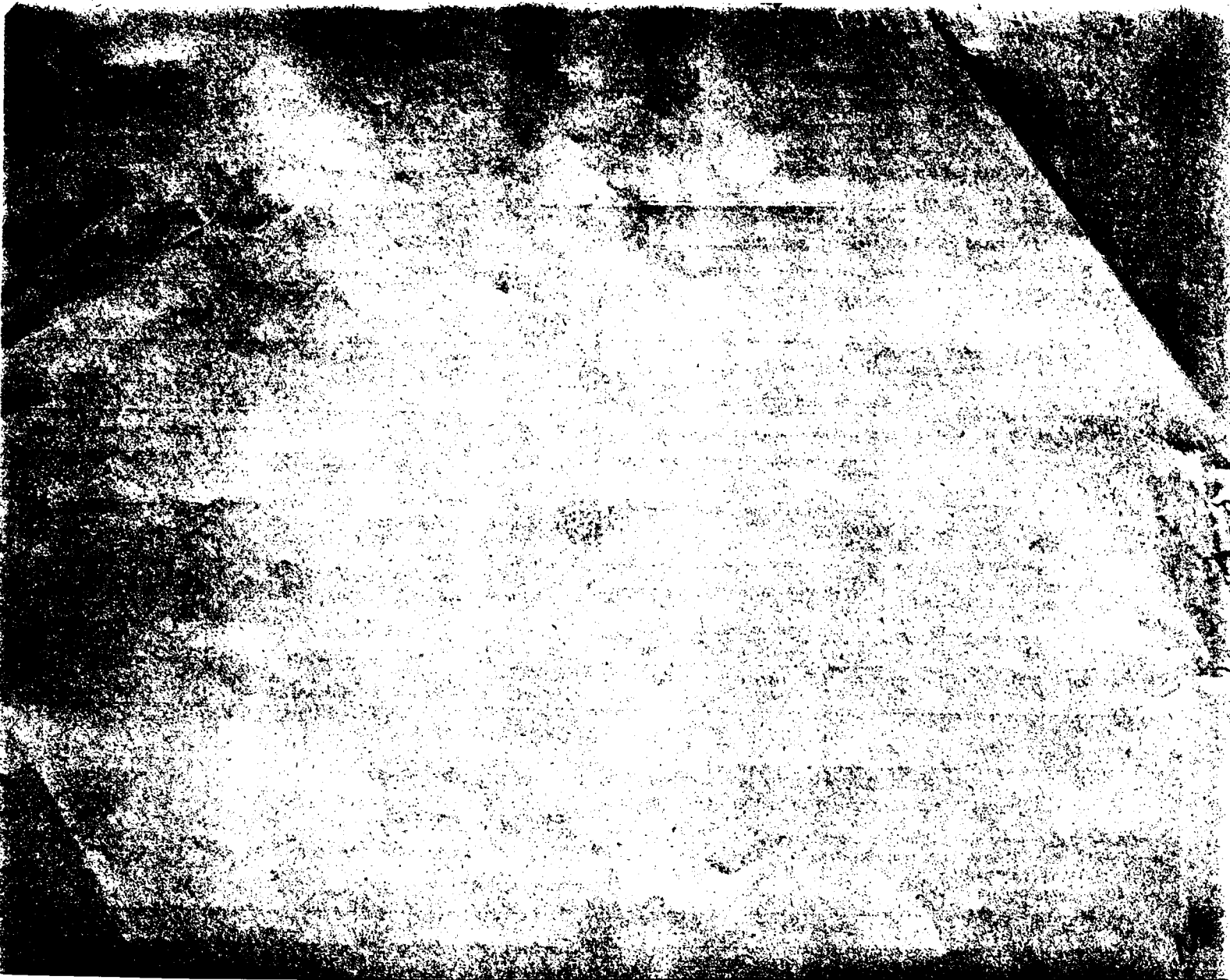
(Signed) W. A. Abbott, M. D., M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed April 27, 1937 C. H. Harrison Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
County of <u>Bonneville</u>		MAY 5 - 1937		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>				BUREAU OF VITAL STATISTICS	
No. <u>L. S. B. Hospital</u>		Registration District No. <u>13</u>		State File No. <u>253818</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2140</u>		Local Registrar's No. <u>254</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>					
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>4-29-1937</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		
9. Full name FATHER <u>Robert Mc Intyre</u>			18. Full maiden name MOTHER <u>Florence E. Lovell</u>		
10. Residence (usual place of abode) <u>431 Cliff St. Idaho Falls</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>431 Cliff Street Idaho Falls Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>24</u> (years)			21. Age at last birthday <u>31</u> (years)		
13. Birthplace (city or place) <u>Idaho Falls Idaho</u> (State or Country)			22. Birthplace (city or place) <u>Shelton Idaho</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Matress Repairing</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Idaho Falls</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>April 1937</u>			25. Date (month and year) last engaged in this work <u>April 1937</u>	
	17. Total time (years) spent in this work _____			26. Total time (years) spent in this work <u>3 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>Term</u> { months or weeks			30. Cause of Stillbirth <u>monstrousity</u> { During labor <u>yes</u> Before labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 m. on the date above stated.
(Born Alive, or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

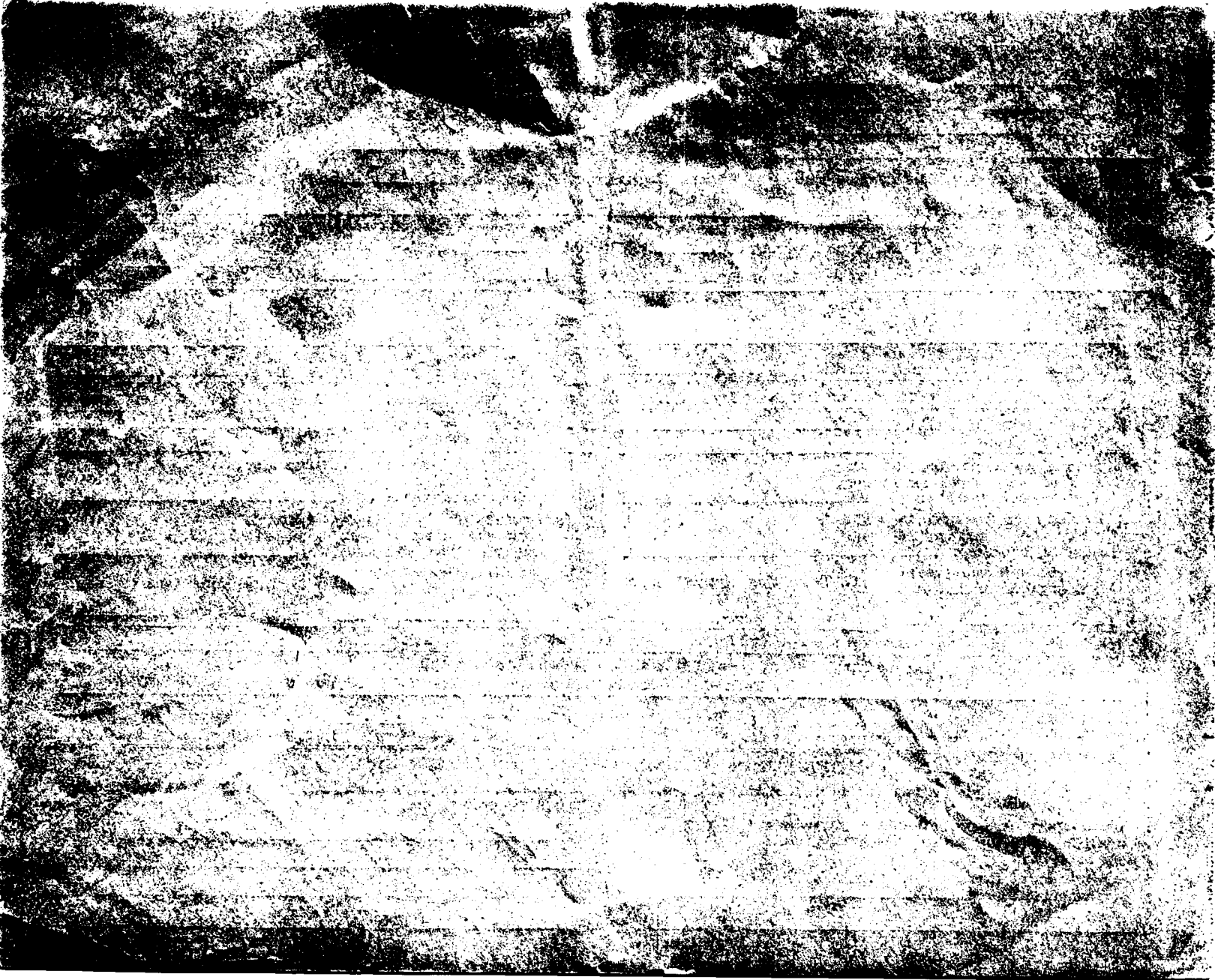
(Signed) H. D. Hatch, M. D.

or _____ Midwife

Address Idaho Falls Idaho

Filed April 29, 1937 C. J. Fennell

Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BenewallaCity of RECELA Falls

MAY 5 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2140

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Skull born

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

—5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

4-29-37

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.Skullborn

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho.

MOTHER FATHER

13. NAME Robert Mc Intyre14. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho15. MAIDEN NAME Florence Elwell16. BIRTHPLACE (city or town) Shelton,
(State or country) Idaho.17. INFORMANT Robert Mc Intyre,
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls, Idaho Date 4-29, 193719. UNDERTAKER name
(Address)20. FILED April 29, 1937

Registrar.

DO NOT WRITE IN THIS SPACE

108717

State File No. _____

Local Registrar's No. 93

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-29 1937

22. I HEREBY CERTIFY, That I attended deceased from

4-29 1937 to 4-29 1937I last saw h. still born 193... death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of impor-
tance were as follows:

Date of onset

monstrosity
Breath

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also
the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation
of deceased?..... If so specify

(Signed)

(Address)

W. C. Mc Intyre,
Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. _____ St.
Caldwell Sanitarium
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1 State File No. 253910
Prim. Registration District No. 1002 Local Registrar's No. 80

2. FULL NAME OF CHILD Baby Hopkins - Stillborn

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti- 8. Date of
births { 5. Number, in order of birth _____ Full term X mate? Yes birth April 15, 1937
(MONTH, DAY, YEAR)

9. Full name FATHER Andy Hopkins 18. Full maiden name MOTHER Irene French

10. Residence (usual place of abode) Parma, Idaho 19. Residence (usual place of abode) Parma
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Missouri 22. Birthplace (city or place) Indiana
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ OCCUPATION 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation period { months or weeks 29. Cause of stillbirth Not known { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 1% Silver Nitrate

I hereby certify that I attended the birth of this child, who was Stillborn at 6:25 A.M.
(BORN ALIVE OR STILLBORN)
(Signed) F. M. Cole, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(DATE OF)

Address Caldwell, Idaho
Filed 4-16, 1937 W. M. Cole
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CanyonCity of ColonyvilleSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 11 1937

CERTIFICATE OF DEATH

Registration District No. 1005Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

103730

State File No. 57Local Registrar's No. 206

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hopkins(a) Residence No. BarmaSt. Ida

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/15/37

7. AGE

Years

Months

Days

If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colonyville
(State or country) Ida

FATHER

13. NAME Andy Hopkins14. BIRTHPLACE (city or town) Washington
(State or country) Mo

MOTHER

15. MAIDEN NAME Gene French16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho17. INFORMANT Andy Hopkins(Address) Barma Ida

18. BURIAL, CREMATION OR REMOVAL

Place Colonyville Date 4/16/3719. UNDERTAKER W. J. McHugh(Address) Colonyville Ida20. FILED 4/15, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/15/193722. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to April 15, 1937, 1937.I last saw him alive on April 15, 1937; death is saidto have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

not knownstill born

Other contributory causes of importance:

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1937.Where did injury occur? —
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? no If so, specify —(Signed) W. J. McHugh M. D.(Address) Colonyville Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

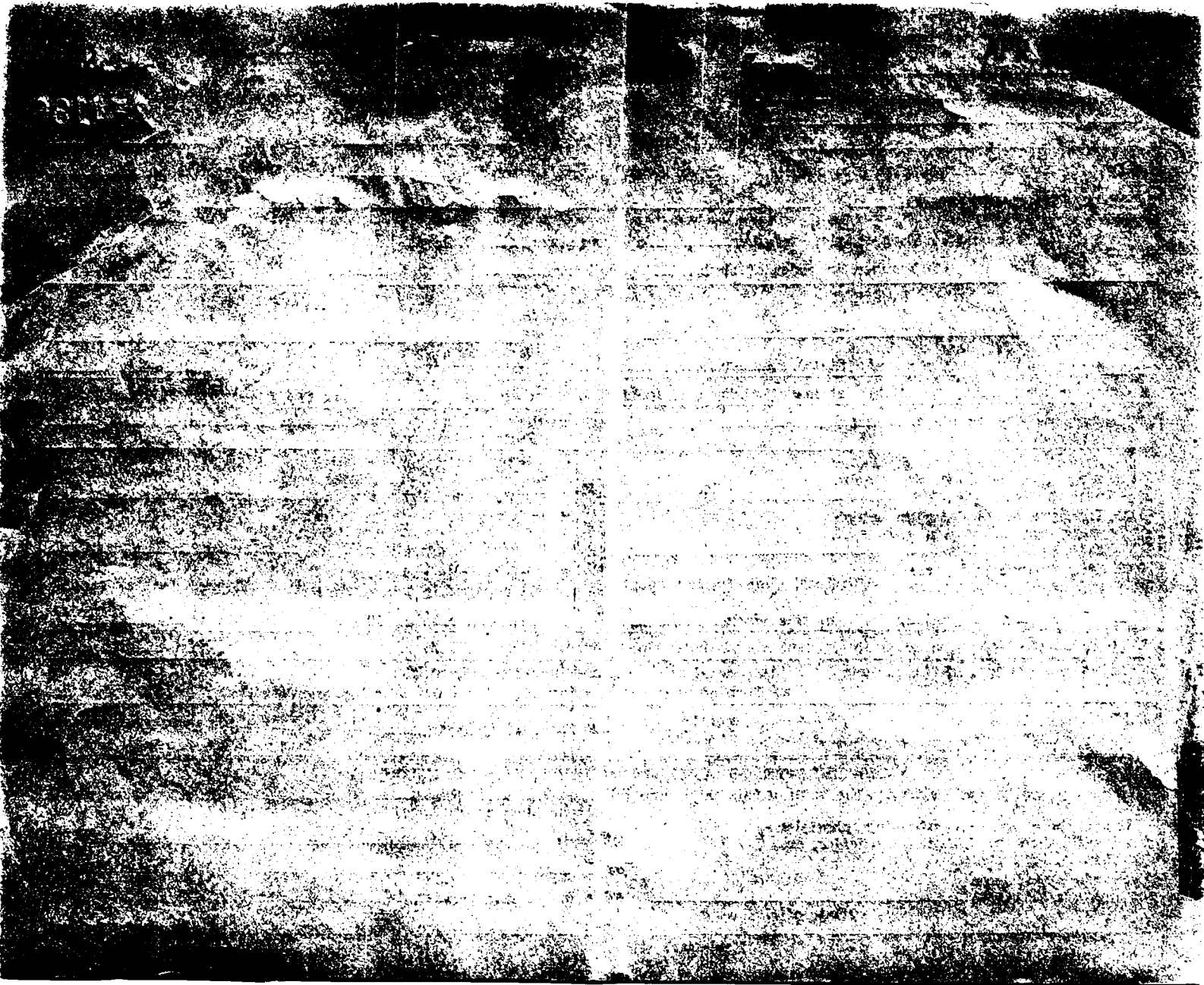
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Kootenai</u> City of <u>Coeur d'Alene</u> No. _____ St. _____ (If born in hospital or institution give name.) <u>Lakeride Hospital</u>		STATE OF IDAHO MAY 7 - 1937 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 254186	
2. FULL NAME OF CHILD <u>Baby girl Wolf - Stillborn</u>		Registration District No. <u>30</u> State File No. _____ Prim. Registration District No. <u>1050</u> Local Registrar's No. <u>28</u>	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>
8. Date of birth <u>April 27, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Clifford Bernard Wolf</u>		18. Full maiden name MOTHER <u>Carmen Smith</u>	
10. Residence (usual place of abode) <u>Eda. Rathdrum</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Rathdrum, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>16</u> (years)
13. Birthplace (city or place) <u>South Dakota</u> (State or Country)		22. Birthplace (city or place) <u>Rathdrum, Idaho</u> (State or Country)	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work <u>April 26, 1937</u>	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor <u>(yes)</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>5 P.</u> m. on the date above stated. (Born Alive or Stillborn) (Signed) <u>H. F. Karning</u> , M. D. or _____, Midwife Address <u>Coeur d'Alene</u> Filed <u>April 29, 1937</u> <u>Dr. F. F. Karning</u> Registrar. Registrar.			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
COUNTY OF Boatnai
CITY OF Coeur d'Alene
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **103851**

RECEIVED

Registration District No. 32

MAY 7 - 1937

Primary Registration District No. 1050Local Registrar's No. 29(No. Lakeside Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Baby girl Wolf(a) Residence. No. Lakeside Hospital St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 4/27/1937

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Coeur d'Alene, Idaho
(State or country)MOTHER FATHER 13. NAME Clifford Bernard Wolf14. BIRTHPLACE (city or town) South Dakota
(State or country)15. MAIDEN NAME Carmen Smith16. BIRTHPLACE (city or town) Rathdrum, Idaho
(State or country)17. INFORMANT Mrs. Clifford Wolf
(Address) Rathdrum, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Pine Grove Cemetery Date 4/29, 193719. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene, Idaho20. FILED May 1, 1937 Dr. F. F. Hanning
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/27/3722. I HEREBY CERTIFY, That I attended deceased from Lakeside Hospital, 1937, to _____, 1937.

I last saw him alive on _____, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Lakeside Hospital
prolonged pneumonia
with probable of cord.

Date of onset _____

Other contributory causes of importance: _____

Name of operation Delivered by vacuum Date of 4/27/37What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____(Signed) Dr. F. F. Hanning, M. D.(Address) Coeur d'Alene

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH				STATE OF IOWA DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
County of <u>Madison</u> City of <u>Keosauqua</u>				CERTIFICATE OF BIRTH			
No. <u>151-3-1-East</u> <u>MAI 11 1937</u>				Registration District No. <u>100</u>		State File No. <u>S 254247</u>	
(If born in hospital or institution give name.)				Prim. Registration District No. <u>2178</u>		Local Registrar's No. <u>81</u>	
2. FULL NAME OF CHILD <u>Shelton</u>							
3. Sex <u>Female</u>		4. Twin, triplet, or other births		6. Premature <input checked="" type="checkbox"/> Full term		8. Date of birth <u>4 11 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Percy Chester Muecke</u>				18. Full maiden name MOTHER <u>Muriel Strange</u>			
10. Residence (usual place of abode) <u>Newdale</u> (If non-resident give place and State)				19. Residence (usual place of abode) <u>New Dale</u> (If non-resident give place and State)			
11. Color or race <u>White</u>		12. Age at last birthday <u>22</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) <u>Iowa</u> (State or Country)				22. Birthplace (city or place) <u>Iowa</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>37</u>		17. Total time (years) spent in this work <u>life</u>		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>							
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>8 months</u> { months or weeks				30. Cause of Stillbirth <u>Hepatitis albumen</u> { During labor or Before labor <u>5 days</u>			

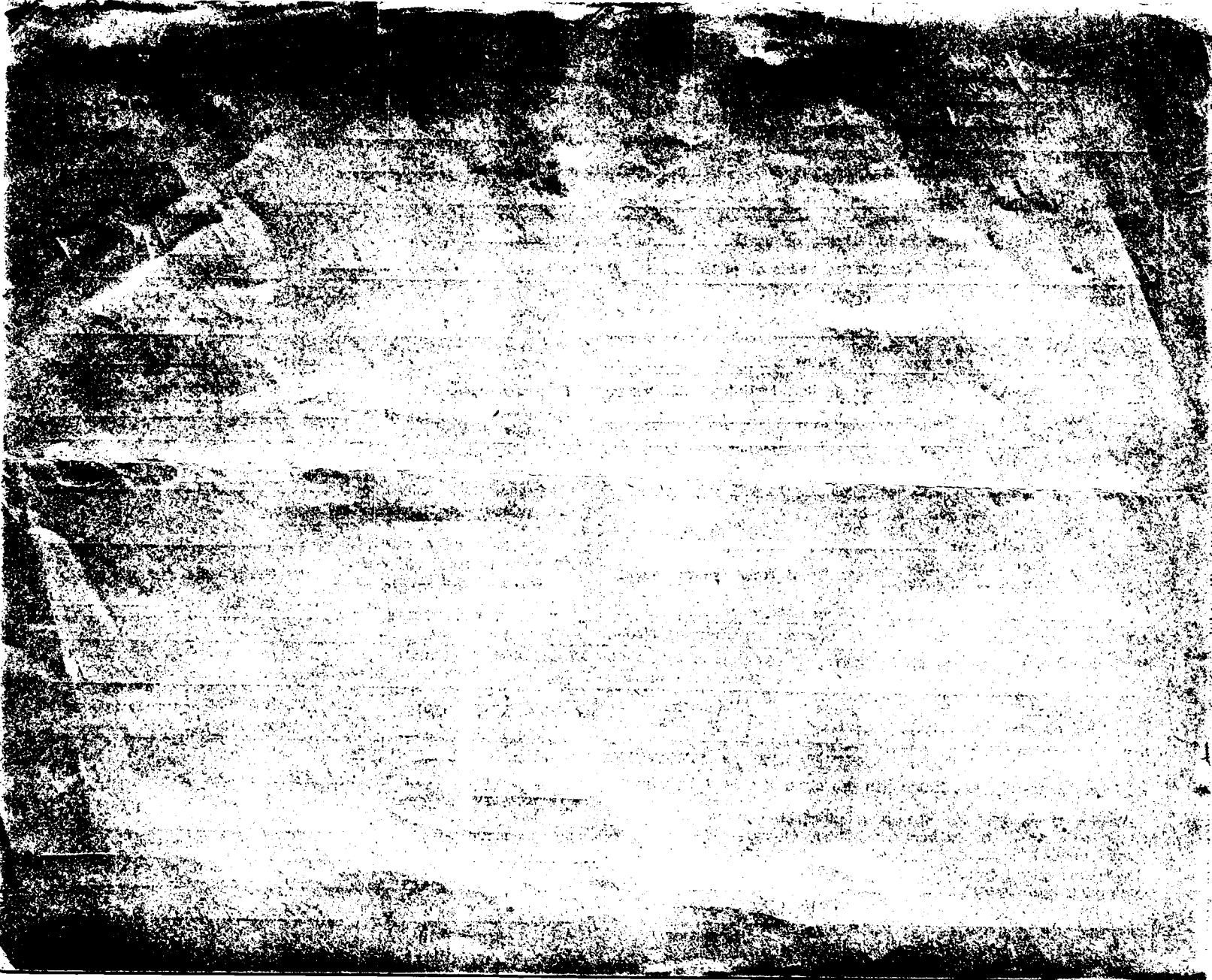
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Levin F. Rich, M. D.
or _____, Midwife.
Address Keosauqua Iowa.
Filed 5-5, 1937 Miss Heysing
Registrar.

(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **103879**

PLACE OF DEATH

County *Madison*
City of *Reiburg*Registration District No. *100*Primary Registration District No. *2178*Local Registrar's No. *22*

2. FULL NAME *Stillborn infant - Miller* (No. *206*)
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Infant</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <i>4-11-37</i>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stillborn</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <i>Reiburg</i> (State or country) _____		
MOTHER	13. NAME <i>Fanny Chester Miller</i>	
	14. BIRTHPLACE (city or town) <i>St Anthony</i> (State or country) _____	
	15. MAIDEN NAME <i>Minnie Stradger</i>	
	16. BIRTHPLACE (city or town) <i>Exton Idaho</i> (State or country) _____	
17. INFORMANT (Address) <i>Fanny Miller's Reiburg Idaho</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Farmer</i> Date <i>4-11-1937</i>		
19. UNDERTAKER <i>none</i> (Address) _____		
20. FILED <i>5-5-1937 Mrs Heping</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) <i>April 1937</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>4-11-1937</i> to <i>4-11-1937</i> .	
I last saw her alive on <i>April 5th 1937</i> ; death is said to have occurred on the date stated above, at <i>Reiburg</i> .	
The principal cause of death and related causes of importance were as follows:	
<i>Socemia from albumin of mother</i>	Date of onset <i>3 months</i>
Other contributory causes of importance: <i>Nephritis of pregnancy</i>	<i>3 mo</i>
Name of operation <i>none</i>	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide? _____	Date of injury _____, 1937.
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <i>4-11-1937</i>	
If so, specify _____	
(Signed) <i>Fanny Miller</i>	M. D. _____
(Address) <i>Reiburg Idaho</i>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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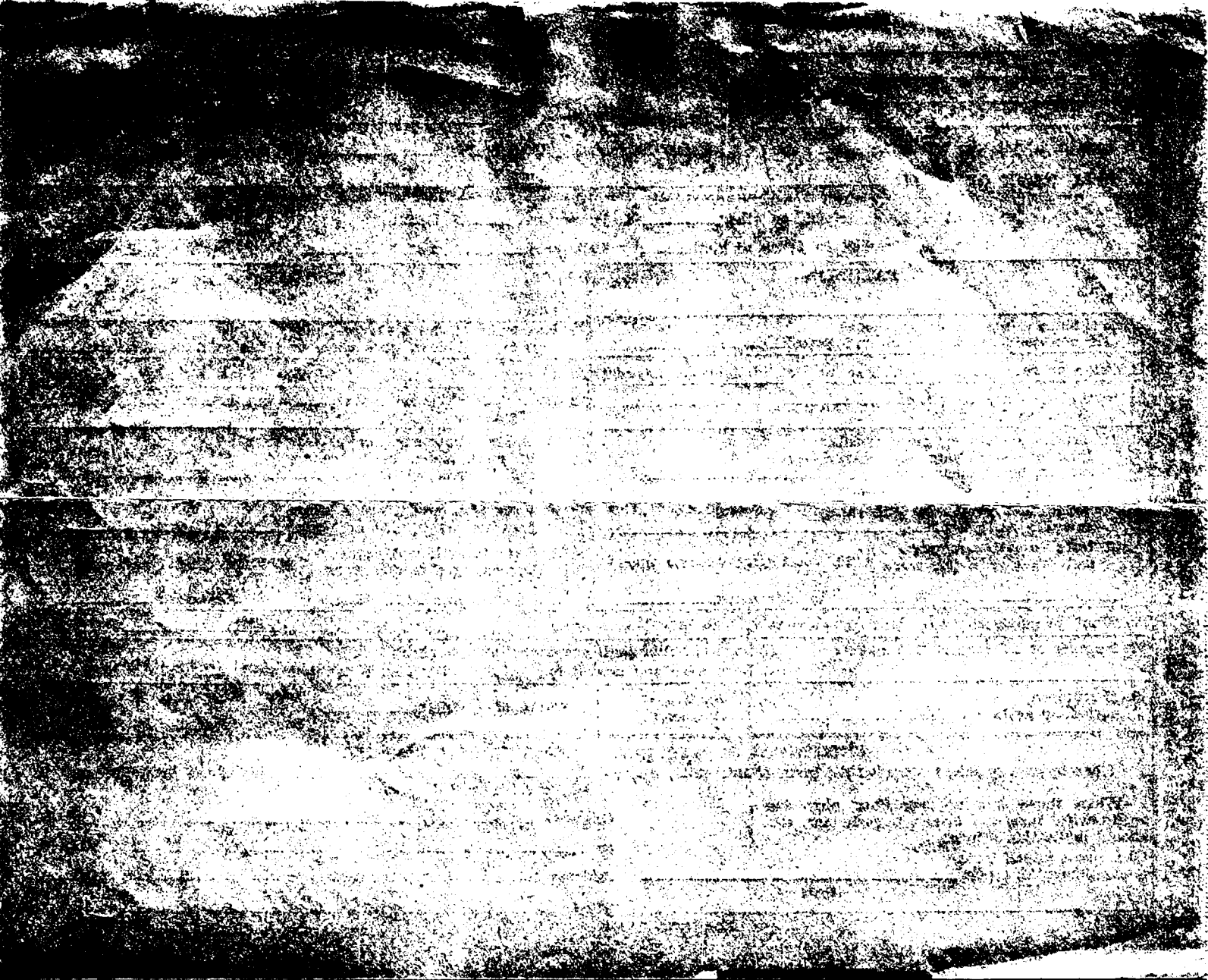
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Munich</u> City of <u>Keyburn</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		254264	
(If born in hospital or institution give name.)		Registration District No. <u>19</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Warner - Stillborn</u>		Prim. Registration District No. <u>2015</u>		Local Registrar's No. <u>65</u>	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>4-18</u> , 19 <u>37</u> (Month, Day, Year)	
9. Full name FATHER <u>Melvin O. Warner</u>		18. Full maiden name MOTHER <u>Drucilla O. Prescott</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Keyburn</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Keyburn</u>			
11. Color or race <u>wh</u>		12. Age at last birthday <u>41</u> (years)		20. Color or race <u>wh</u>	
13. Birthplace (city or place) (State or Country) <u>Egypt</u>		21. Age at last birthday <u>34</u> (years)		22. Birthplace (city or place) (State or Country) <u>Basra</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
	16. Date (month and year) last engaged in this work <u>1937</u>		25. Date (month and year) last engaged in this work <u>Apr 18, 1937</u>		
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____					
29. If stillborn, period of gestation <u>6 mo.</u>		{ months or weeks		30. Cause of stillbirth { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>12:30</u> am. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>L. M. Kelly</u> , M. D.					
or _____, Midwife					
Address <u>Burley</u>					
Filed <u>5-5</u> , 19 <u>37</u> <u>E. E. Hume</u> Registrar. Registrar.					



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH -

PLACE OF DEATH
County of Minidoka
City of Hayden

DO NOT WRITE IN THIS SPACE
State File No. 105861

SEP 10 1937

Registration District No. 117

Primary Registration District No. 2176

Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Anna Warner

(a) Residence. No. Hayden Idaho St. 206

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)
April 18 - 1937

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day 15 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Hayden Idaho (State or country)

MOTHER FATHER

13. NAME Melvin C. Warner

14. BIRTHPLACE (city or town) Payson Utah (State or country)

15. MAIDEN NAME Priscilla Prescott

16. BIRTHPLACE (city or town) Payson Idaho (State or country)

17. INFORMANT Melvin C. Warner (Address) Hayden Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hayden Id. Date 4-19, 1937

19. UNDERTAKER R. E. Johnson Mortuary (Address) Hayden Idaho

20. FILED 4-20, 1937 James E. Sprueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1937, to 4-18, 1937

I last saw h. alive on 4-18, 1937; death is said to have occurred on the date stated above, at 12:30 am.

The principal cause of death and related causes of importance were as follows:

Stillborn
to gestation

Other contributory causes of importance:

Date of onset

Name of operation Stillborn Date of 4-18

What test confirmed diagnosis? Stillborn Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Stillborn Date of injury 4-18, 1937

Where did injury occur? Stillborn (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. Stillborn

Manner of injury. Stillborn

Nature of injury. Stillborn

24. Was disease or injury in any way related to occupation of deceased? Stillborn

(Signed) J. M. Burt, M. D.
(Address) Hayden Idaho

R. L. M. Kelly

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of My Peru
City of Lapwai
No. 1009 State File No. S 254305
St. MAY 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. S 254305
(If born in hospital or institution give name.) Prim. Registration District No. 26 Local Registrar's No. 2

2. FULL NAME OF CHILD Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other. 1 5. Number, in order of birth 1 6. Premature. yes 7. Legitimate? yes 8. Date of birth Apr 26, 1937 (Month, Day, Year)

9. Full name FATHER Charles D. Miles 18. Full maiden name MOTHER Agnes T. Miles

10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, Ida

11. Color or race Indian 12. Age at last birthday 47 (years) 20. Color or race Indian 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) My Peru, Ida 22. Birthplace (city or place) (State or Country) Kootenai, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Apr 26, 1937 17. Total time (years) spent in this work 10 yrs 25. Date (month and year) last engaged in this work Apr 26, 1937 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not needed

28. Number of children of this mother (At time of this birth and including this child) 7

(a) Born alive and now living 2 (b) Born alive but now dead 5 (c) Stillborn 2

29. If stillborn, period of gestation 8 1/2 mos { months or weeks { 30. Cause of stillbirth infant { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) E. H. Krutz, M. D.

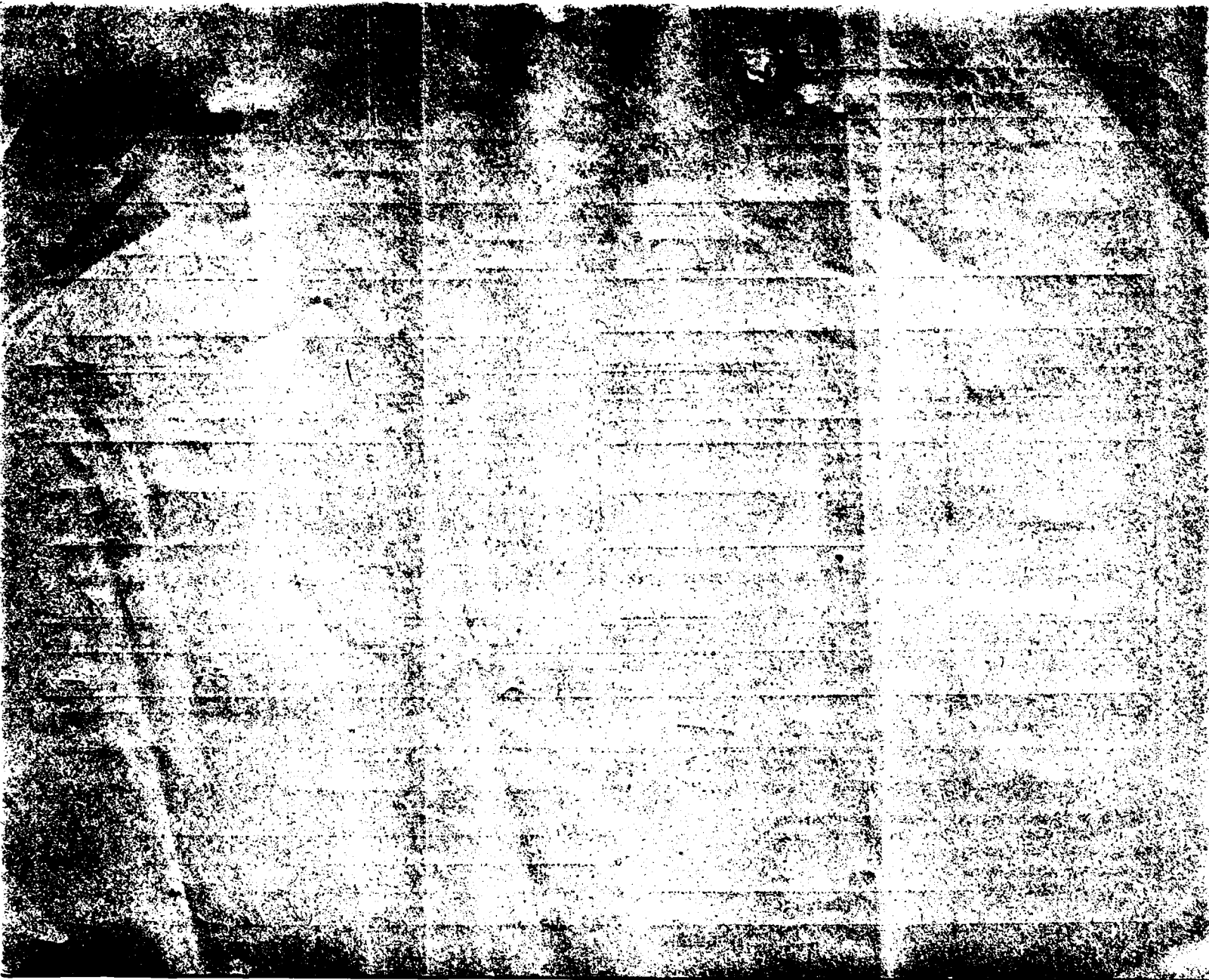
or _____, Midwife

Address Lapwai, Idaho

Filed May 8, 1937 M. H. Carter

Registrar.

mc Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Lafayette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103897

State File No.

Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 838

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME No name

(a) Residence. No. _____
(Usual place of abode)

Lafayette Idaho St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Indian 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Apr 26 - 37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lafayette
(State or country) Idaho

13. NAME Charles D. Miles

14. BIRTHPLACE (city or town) Madison
(State or country) Idaho

15. MAIDEN NAME Agnes R. Miles

16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

17. INFORMANT Charles D. Miles
(Address) Lafayette, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lafayette Idaho Date Apr 26, 1937

19. UNDERTAKER none - buried by relatives
(Address)

20. FILED May 7, 1937 M. H. Cooley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1937, to _____, 193____.

I last saw him alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? no Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Chas. D. Miles M. D.(Address) Lafayette, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of PAYETTE.
City of PAYETTE.
No. 212-205038 918 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

APR 19 1937

CERTIFICATE OF BIRTH

254343

(If born in hospital or institution give name.)

Registration District No. 4. State File No. 254343
Prim. Registration District No. 1008. Local Registrar's No. 28.

2. FULL NAME OF CHILD Stillborn Infant of Earl Bassford.

3. Sex <u>Female</u>	4. Twin, triplet, or other. births	5. Number, in order of birth	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legiti- mate? <u>Yes.</u>	8. Date of birth <u>4/5/37</u> , 193 (Month, Day, Year)

9. Full name FATHER
S. Earl Bassford
10. Residence (usual place of abode)
(If non-resident, give place and State) Payette, Id.
11. Color or race W. | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Beloit
(State or Country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

18. Full maiden name MOTHER
Vera Rayburn
19. Residence (usual place of abode)
(If non-resident, give place and State) Payette, Id.
20. Color or race W. | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Republic City
(State or Country) Kansas.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 4 1/2 months { months or weeks
30. Cause of Stillbirth Muscular exertion { During labor... Before labor... before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at Payette m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. Woodward M. D.
or _____ Midwife

Address Payette, Idaho

Filed 4/15/37, 1937 J. Woodward Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 103917

RECEIVED
APR 19 1937

Registration District No. 4

Primary Registration District No. 1008

Local Registrar's No. 29

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Infant of Earl Bassford

(a) Residence. No. Payette, Idaho

St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year)
April 5, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

13. NAME Earl Bassford

14. BIRTHPLACE (city or town) Beloit
(State or country) Kansas

15. MAIDEN NAME Vera Rayburn

16. BIRTHPLACE (city or town) Republic City
(State or country) Kansas

17. INFORMANT E. Earl Bassford
(Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Idaho Date 4/5/37, 193__

19. UNDERTAKER _____
(Address) _____

20. FILED 4/5/37, 193__

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5/37, 193__

22. I HEREBY CERTIFY, That I attended deceased from 4/5/37, 193__, to 4/5/37, 193__

I last saw him alive on _____, 193__: death is said to have occurred on the date stated above, at 5.00am m.
The principal cause of death and related causes of importance were as follows:

Muscular exertion before labor

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed)

(Address)

J. C. Woodward
PAYETTE, IDAHO

M. D.

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Batiste Springs
No. _____

RECEIVED
MAY 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
254348

(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Stillborn female
3. Sex Female
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature Yes
7. Legitimate? Yes
8. Date of birth April 24 1937
(Month, Day, Year)

Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 2030

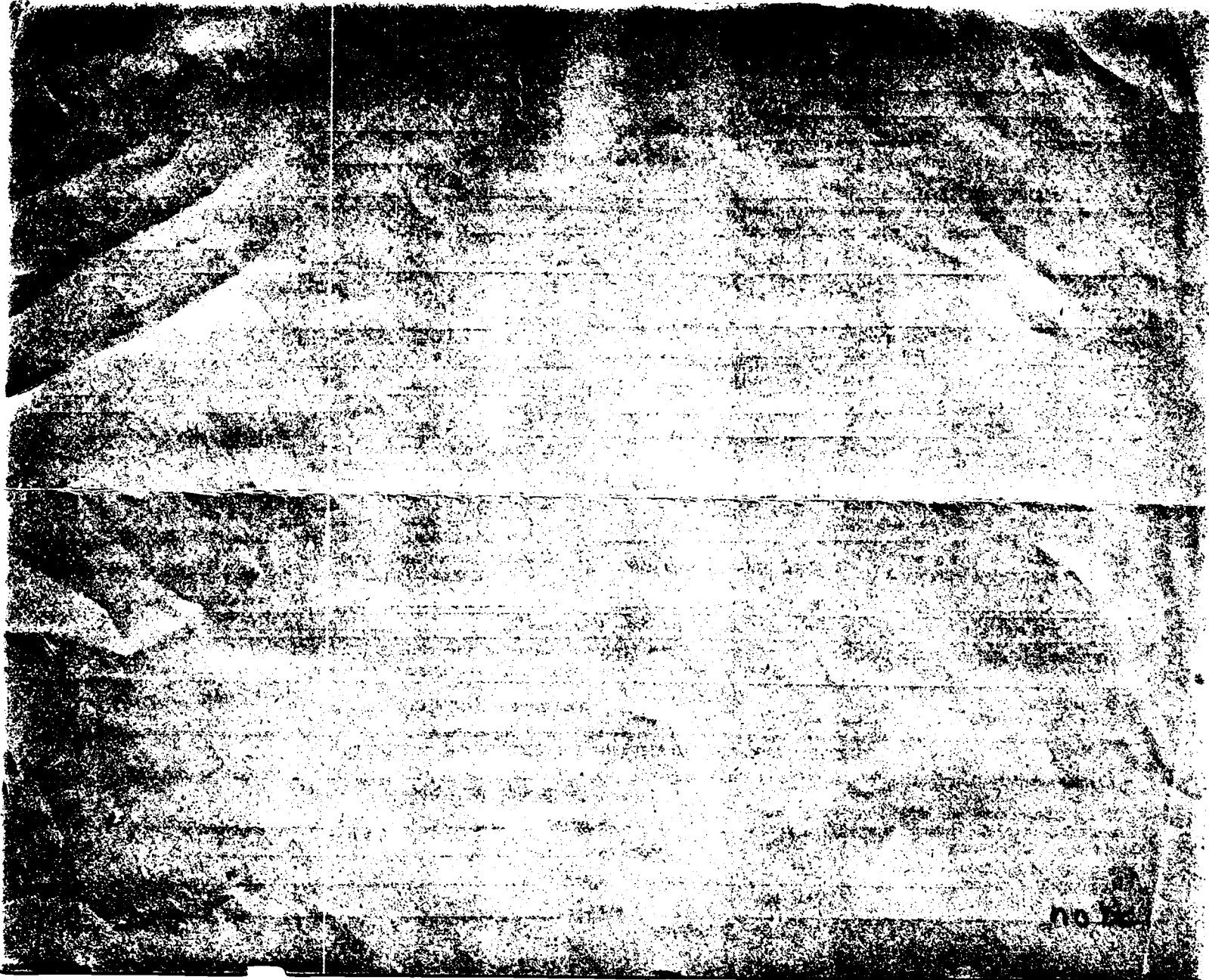
9. Full name Wm. David Spurgeon
10. Residence (usual place of abode) Batiste Springs Idaho
11. Color or race White 12. Age at last birthday 23 (years)
13. Birthplace (city or place) St. Joe Missouri
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Stella Mac
19. Residence (usual place of abode) Batiste Springs Idaho
20. Color or race White 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Early OKla.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 6 1/2 mo { months or weeks _____ }
30. Cause of Stillbirth fall { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 A.M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar. _____

(Signed) J. H. Hymn, M. D.
or _____ Midwife
Address Seaside, Idaho
Filed 57, 1937 D. Gray Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
County of <u>Shoshone</u>	City of <u>Wallace</u>	Registration District No. <u>70</u>	State File No. _____
No. <u>Canyon Ave</u>	St. <u>Providence Hospital</u>	Prim. Registration District No. <u>1061</u>	Local Registrar's No. <u>60</u>
(If born in hospital or institution give name.)			
2. FULL NAME OF CHILD		Roger Allen Courtney - <u>Stillborn</u>	
3. Sex <u>M.</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>
8. Date of birth <u>April 16, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Floyd Courtney</u>		18. Full maiden name MOTHER <u>Edith Masters</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mullan</u>	
11. Color or race <u>W.</u>		12. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Kansas</u>		20. Birthplace (city or place) (State or Country) <u>Kansas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mining</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hotel</u>	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>7 mos</u>	
18. Date (month and year) last engaged in this work _____		19. Total time (years) spent in this work <u>15 mos</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>8</u> { months or weeks		30. Cause of Stillbirth { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at <u>9:45 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>E. J. Sured</u> M. D.	
Give name added from a supplemental report _____		or _____ midwife	
(Date of) _____		Address <u>Wallace, Idaho</u>	
Registrar. _____		Filed <u>Apr 29</u> , 1937 <u>John R. Burr</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Joshore
City of Walker

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103940Registration District No. 70Primary Registration District No. 11Local Registrar's No. 57

MAY 10 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roger Allen Courtney - 3rd born(a) Residence. No. Wallace Ede

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced write the word Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April - 16 - 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.

0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Ida13. NAME Roger A. Courtney14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Edith Marie Martin16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Roger A. Courtney

18. BURIAL, CREMATION OR REMOVAL

Place Wallace Ida Date Apr 17, 193719. UNDERTAKER (Address) J. A. Bower (Ward)20. FILED Apr 17, 1937 John Bower

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 16, 193722. I HEREBY CERTIFY That I attended deceased from Apr. 16, 1937, to April 16, 1937I last saw him alive on Apr 16, 1937; death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

GranulomaDysentery

Other contributory causes of importance:

Date of onset

Apr 16 - 1937

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. H. Bower M. D.(Address) Wallace Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Twin Falls
City of Buhl

No. Quesenberry Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth April 8, 1937
5. Number, in order of birth _____ Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER Robert H. Nelson

10. Residence (usual place of abode)
(If non-resident, give place and State) Camas County, Idaho

11. Color or race White 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Soldier, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing agent

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Creamery

16. Date (month and year) last engaged in this work April 7, 1937
17. Total time (years) spent in this work 4 years

18. Full maiden name MOTHER Ida T. Babington

19. Residence (usual place of abode)
(If non-resident, give place and State) Camas County, Idaho

20. Color or race White 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Coral, Idaho
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work April 7, 1937
26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth Asphyxia Neonatorum { Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

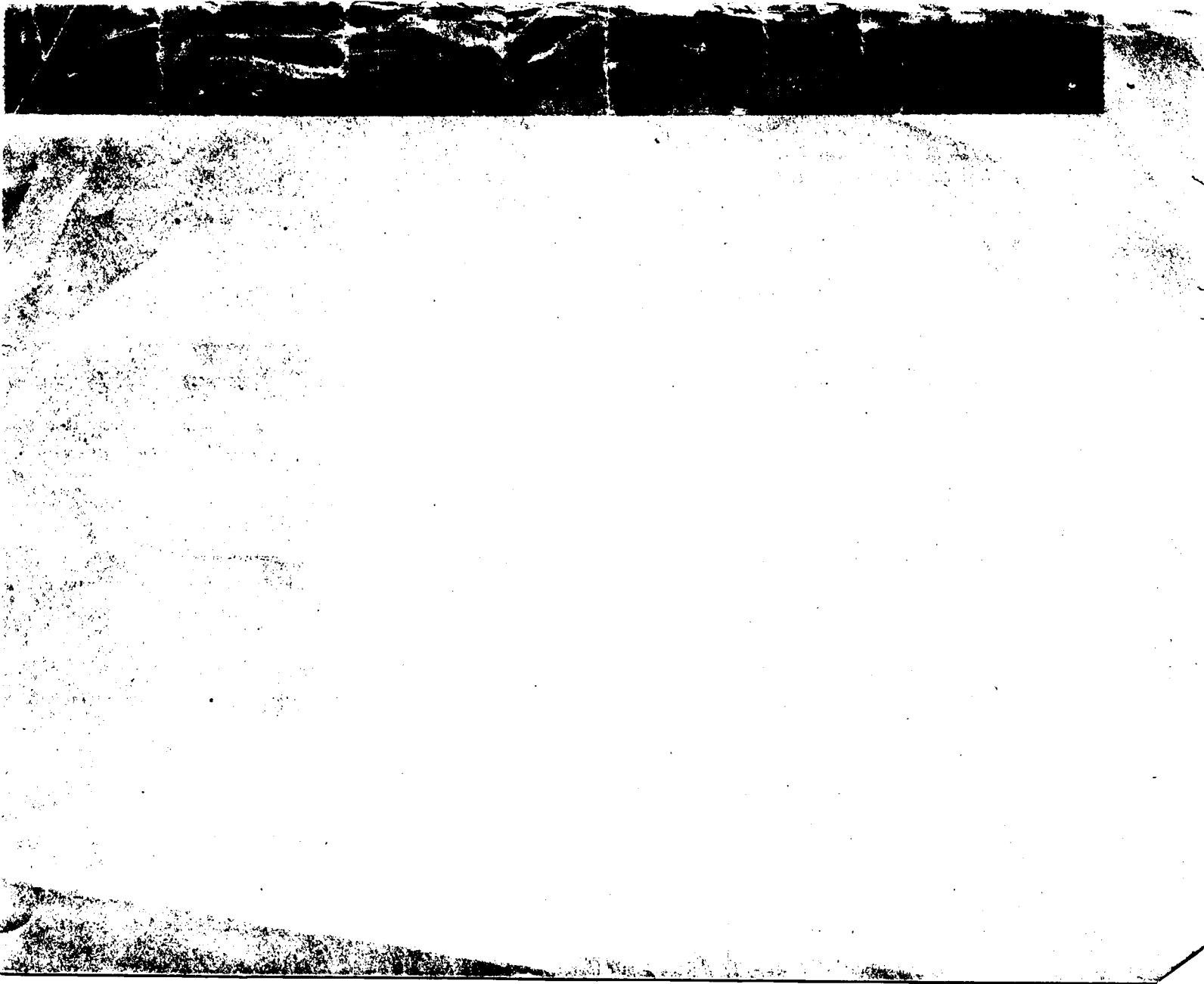
(Signed) Edward H. McBratney, M. D.

or _____, Midwife

Address Buhl, Idaho

Filed May 1, 1937 J. T. Parkinson

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lincoln
City of Butte

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103950

State File No.

Registration District No. 39Primary Registration District No. 2087

Local Registrar's No.

(No. Regentanner Hospital, - Butte)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. _____ St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X
6. DATE OF BIRTH (month, day, and year) April 9th Still Born
7. AGE Years Months Days If LESS than 1 day hrs. or min.
X X X 0 0 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Robert Nelson14. BIRTHPLACE (city or town) (State or country) Soldier Ida15. MAIDEN NAME Ida I. Babington16. BIRTHPLACE (city or town) (State or country) Corral17. INFORMANT (Address) Robert Nelson18. BURIAL, CREMATION OR REMOVAL Place. Soldier Ida Date 4/9, 193719. UNDERTAKER (Address) Ernest Johnson20. FILED May, 1937 D. S. Parkinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/8, 193722. I HEREBY CERTIFY, That I attended deceased from 4/7/37, 1937, to 4/7/37, 1937I last saw him alive on _____ 1937; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillbirth
Asphyxia Neonatorum
Prolonged Second Stage
Labors

Other contributory causes of importance:

Compression Cord - Dura -
Large Infant - Cord
Strangulated around neck

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Edward J. McEwen, M. D.(Address) Butte, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		254454	
County of <u>Twin Falls</u> City of <u>Twin Falls</u> No. <u>Co. General Hospital</u> St.		Registration District No. <u>37</u>		State File No. _____			
(If born in hospital or institution give name)		Prim. Registration District No. <u>1085</u>		Local Registrar's No. <u>236</u>			
2. FULL NAME OF CHILD <u>Barrie Stillborn</u>							
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. <u>0</u>	5. Number, in order of birth <u>0</u>	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>4-20, 1937</u> (Month, Day, Year)		
9. Full name	FATHER <u>Morris Barrie</u>		18. Full maiden name <u>Viola May Neunick</u>		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>213 Harrison</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>213 Harrison</u>				
11. Color or race <u>White</u>	12. Age at last birthday <u>36</u> (years)			20. Color or race <u>White</u>	21. Age at last birthday <u>17</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Chulain, Ariz.</u>			22. Birthplace (city or place) (State or Country) <u>Burlington, Colo.</u>				
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Not working</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
	16. Date (month and year) last engaged in this work <u>4-19, 1937</u>	17. Total time (years) spent in this work <u>✓</u>			25. Date (month and year) last engaged in this work <u>4-18, 1937</u>	26. Total time (years) spent in this work <u>2yr.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>6 mo.</u> { months or weeks							
30. Cause of stillbirth <u>Stillborn</u> Before labor. _____ During labor. _____							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11-9</u> a. m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>J. C. Ernes</u> , M. D.							
or <u>Midwife</u> _____							
Address <u>Twin Falls, Ida</u>							
Filed <u>May 18</u> , 1937 <u>J. C. Ernes</u>							
Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

8

1913

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Lincoln

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE
103966
State File No. _____

Local Registrar's No. 96

(No. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Eugene Berry

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the single)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 24/31

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho
(State or country)

13. NAME Morris Berry

14. BIRTHPLACE (city or town) Ariz
(State or country)

15. MAIDEN NAME Violet Hays

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Violet Hays
(Address) Lincoln

18. BURIAL, CREMATION OR REMOVAL
Place Field Date Apr 27, 1937

19. UNDERTAKER Fred E Drake
(Address) Lincoln

20. FILED 4-28, 1937 J. P. [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1937

22 I HEREBY CERTIFY, That I attended deceased from Still born, 1937, to April 20, 1937

I last saw him alive on _____ 1937; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic poison of mother

Other contributory causes of importance:

Low vitality of mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. P. [Signature] M. D.

(Address) Lincoln Falls Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Juvin Falls
City of Juvin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 254455**

No. County General Hospital St. Registration District No. 37 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1085 Local Registrar's No. 2337

2. FULL NAME OF CHILD Johnnie Ray McLaughlin Jr. Stillborn

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. <u>0</u>	6. Premature <u>Yes</u>	7. Legiti- <u>mate</u>	8. Date of birth <u>4-7</u> , 193 <u>7</u> (Month, Day, Year)
		5. Number, in order of birth <u>0</u>	Full term <u>no</u>		

9. Full name <u>Johnnie Ray McLaughlin</u>	FATHER	18. Full maiden name <u>Reva Lewis</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Evergreen Lodge, Juvin Falls, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>141 3rd Ave W.</u>
--	---

11. Color or race <u>White</u>	12. Age at last birthday <u>20</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>18</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Texas</u>	22. Birthplace (city or place) (State or Country) <u>Declo, Idaho</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Not working</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>waitress</u>
---	--

16. Date (month and year) last engaged in this work <u>✓</u>	17. Total time (years) spent in this work <u>✓</u>	25. Date (month and year) last engaged in this work <u>4-1</u> , 19 <u>37</u>	26. Total time (years) spent in this work <u>6 months</u>
--	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation <u>2</u> months or weeks	30. Cause of stillbirth <u>Unborn</u> Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Dr. J. P. Jones, M. D.

or Physician, Midwife

Address Juvin Falls, Idaho

Filed May 10, 1937

Registrar.

Registrar.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MADE ON BIRTH

1. Full name of child: _____
 2. Date of birth: _____
 3. Time of birth: _____
 4. Place of birth: _____

5. Sex: _____
 6. Race: _____
 7. Color: _____
 8. Weight: _____
 9. Length: _____
 10. Head circumference: _____

11. Mother's name: _____
 12. Father's name: _____
 13. Mother's age: _____
 14. Father's age: _____
 15. Marital status: _____

16. Date of marriage: _____
 17. Date of birth of child: _____
 18. Date of birth of child: _____
 19. Date of birth of child: _____
 20. Date of birth of child: _____

21. Date of birth of child: _____
 22. Date of birth of child: _____
 23. Date of birth of child: _____
 24. Date of birth of child: _____
 25. Date of birth of child: _____

26. Date of birth of child: _____
 27. Date of birth of child: _____
 28. Date of birth of child: _____
 29. Date of birth of child: _____
 30. Date of birth of child: _____

31. Date of birth of child: _____
 32. Date of birth of child: _____
 33. Date of birth of child: _____
 34. Date of birth of child: _____
 35. Date of birth of child: _____

36. Date of birth of child: _____
 37. Date of birth of child: _____
 38. Date of birth of child: _____
 39. Date of birth of child: _____
 40. Date of birth of child: _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Lincoln
City of Lincoln

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **103531**

Registration District No. **37**
Primary Registration District No. **1085**

Local Registrar's No. **78**

APR 13 1937

- (If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME John Ray McLaughlin
- (a) Residence No. 100 St. Lincoln
- (Usual place of abode) (If nonresident give city or town and state)
- Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
- 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years Months Days If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Still Born
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho
13. NAME J. R. McLaughlin
14. BIRTHPLACE (city or town) (State or country) Texas
15. MAIDEN NAME Rena Lewis
16. BIRTHPLACE (city or town) (State or country) Idaho
17. INFORMANT (Address) J. R. McLaughlin
18. BURIAL, CREMATION OR REMOVAL Place Funeral Date Apr. 8, 1937
19. UNDERTAKER (Address) Funeral Home
20. FILED 103531, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-7-1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1937, to 4-6, 1937.
- I last saw him Still Born on 4-7-1937; death is said to have occurred on the date stated above, at Lincoln.
- The principal cause of death and related causes of importance were as follows:
- Chronic perinatal infection of mother effective caused death of fetus
- Other contributory causes of importance:
- Name of operation _____ Date of _____
- What test confirmed diagnosis? Autopsy Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
- Accident, suicide, or homicide? _____ Date of injury _____, 1937.
- Where did injury occur? _____ (Specify city or town, county, and state)
- Specify whether injury occurred in industry, in home, or in public place _____
- Manner of injury _____
- Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no If so specify _____
- (Signed) W. E. Hays M. D.
- (Address) Lincoln

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
Other CONTRIBUTORY CAUSES of importance:		
Gallstones		May 1, 1923

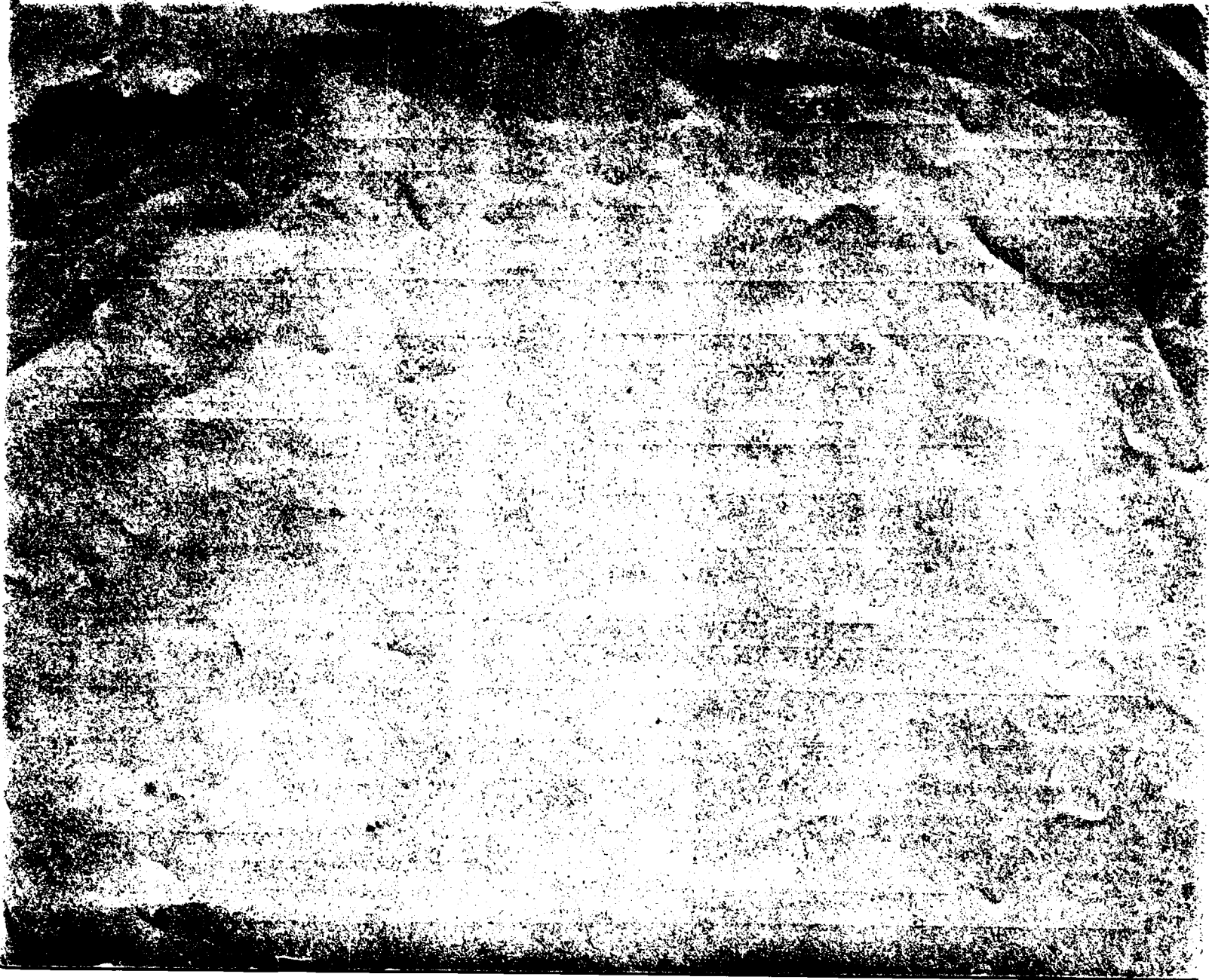
EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other CONTRIBUTORY CAUSES of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Washington</u> City of <u>Weiser</u> No. _____ St. _____		RECEIVED MAY 10 1937 Registration District No. _____ State File No. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 254467	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1010</u>		Local Registrar's No. <u>24</u>	
2. FULL NAME OF CHILD <u>Baby Briggeman - Stillborn</u>					
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar. 23 1937</u> (Month, Day, Year)
9. Full name FATHER <u>Edd. R. Briggeman</u>			18. Full maiden name MOTHER <u>Hazel Blanch Palstan</u>		
10. Residence (usual place of abode) <u>Weiser Idaho</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Weiser Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at last birthday <u>48</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Iowa</u> (State or Country)		21. Age at last birthday <u>44</u> (years)		22. Birthplace (city or place) <u>Iowa</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work <u>Present time 1937</u>	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work <u>Present time 1937</u>	26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>3</u>					
29. If stillborn, period of gestation <u>7 months</u> { months or weeks			30. Cause of Stillbirth <u>Placental separation</u> During labor Before labor <u>yes</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5 P.</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>F. A. Schmitt</u> , M. D.					
or _____, Midwife					
Address <u>Weiser, Ida</u>					
Filed <u>May 8-</u> , 1937 <u>Marie Hawthorn</u> Registrar. Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Washington</u>	DO NOT WRITE IN THIS SPACE		
City of <u>Bellevue</u>	103540		
Registration District No. <u>86</u>		State File No. _____	
Primary Registration District No. <u>1010</u>		Local Registrar's No. <u>18</u>	
(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Baby Bruggeman</u>			
(a) Residence. No. _____		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. Color or Race <u>wh</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day and year) <u>Stillborn</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) _____ (State or country) <u>Idaho</u>			
MOTHER FATHER	13. NAME <u>Ed Bruggeman</u>		
	14. BIRTHPLACE (city or town) _____ (State or country) <u>Idaho</u>		
	15. MAIDEN NAME <u>Hazel B. Rolston</u>		
	16. BIRTHPLACE (city or town) _____ (State or country) <u>Idaho</u>		
17. INFORMANT <u>Ed Bruggeman</u> (Address) <u>Werner 1240</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Werner, Ida</u> Date <u>3-24-</u> 193 <u>7</u>			
19. UNDERTAKER <u>R. C. Northam</u> (Address) <u>Werner 1240</u>			
20. FILED <u>Apr 9</u> , 193 <u>7</u> <u>Emma Hamilton</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>March 23</u> 193 <u>7</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 24</u> , 193 <u>7</u> , to <u>Mar 24</u> , 193 <u>7</u>			
I last saw h. _____ alive on _____, 193 <u>7</u> : death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> <u>Pre-mature</u> <u>See D. placental separation Pre-maturely</u>			
Other contributory causes of importance: _____ _____ _____ _____ _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>7</u>			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>Ed Bruggeman</u> M. D. (Address) <u>Werner 1240</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1409 Harrison Blvd. St.
St. Lukes Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Bettis

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth 4/18/37, 1937 (Month, Day, Year)

9. Full name FATHER
Lawrence Moore Bettis

10. Residence (usual place of abode)
(If non-resident, give place and State) 1409 Harrison Blvd

11. Color or race W 12. Age at last birthday 41 (years)

13. Birthplace (city or place)
(State or Country) Boise, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Live stock man

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER
Agnes McMillian Little

19. Residence (usual place of abode)
(If non-resident, give place and State) 1409 Harrison

20. Color or race W 21. Age at last birthday 51 (years)

22. Birthplace (city or place)
(State or Country) Boise, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1 per cent silver nitrate.

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation full term { months _____ or weeks _____ Probable head injuries due to persistent occiput posterior and extreme contractions Before labor _____ During labor yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11:25m. P. the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. M. Drayton, M. D.

or _____, Midwife

Address 105 N. 8th St., Boise, Idaho

Filed 5-1, 1937 J. N. Sharp

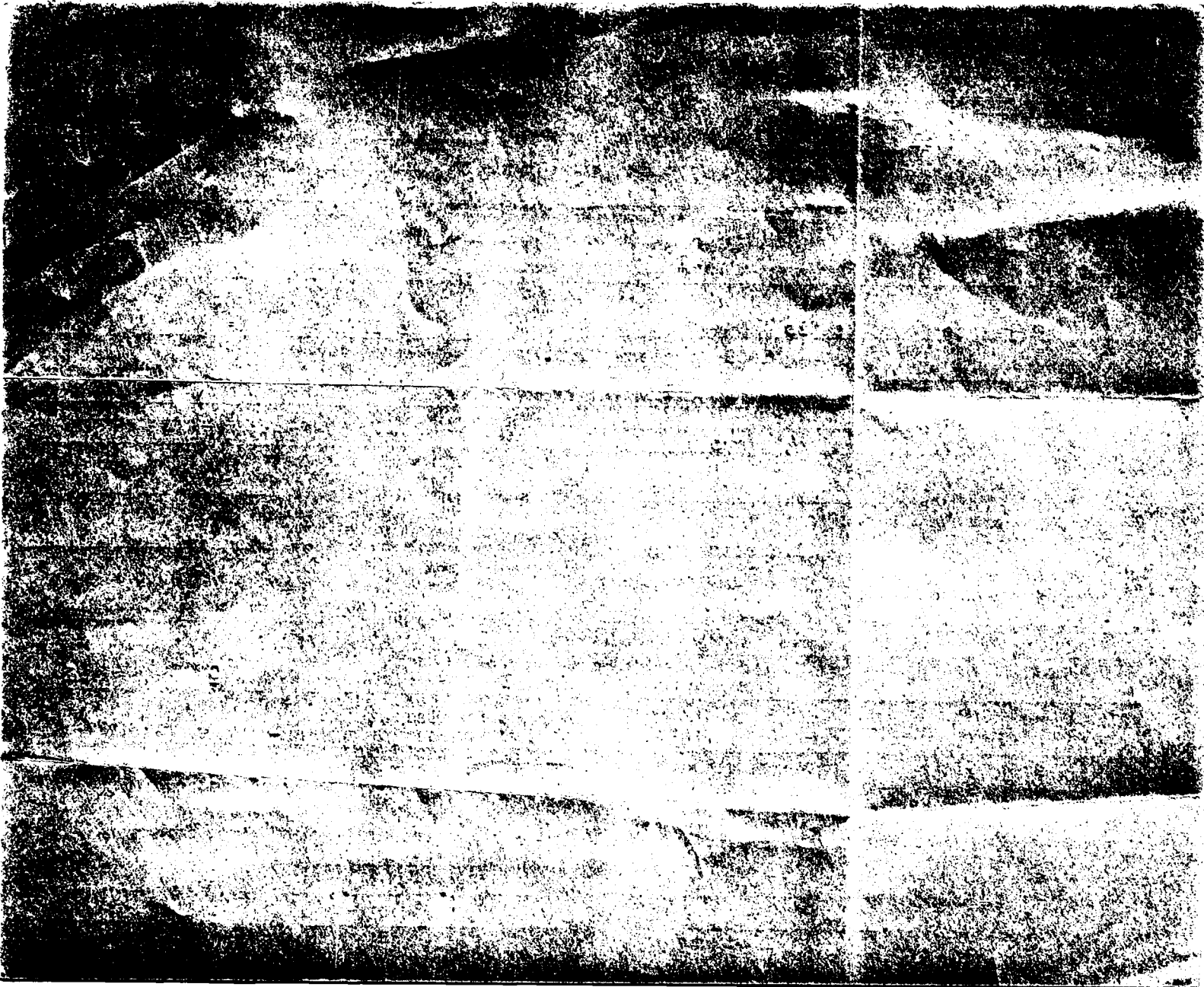
Registrar

RECEIVED
JUN 4-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 254550



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 103615Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 143(No. H. H. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Ruth(a) Residence? No. Boise, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18 - 1937

7. AGE Years Months Days If LESS than 1 day hrs. min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho13. NAME Laurence Beth14. BIRTHPLACE (city or town) Boise
(State or country)15. MAIDEN NAME Agnes Little16. BIRTHPLACE (city or town) Emmett
(State or country)17. INFORMANT Laurence Beth
(Address) Laurens 418. BURIAL, CREMATION OR REMOVAL Boise
Place Marion Hill Date 4-19-193719. UNDERTAKER Schneider & W. Bang
(Address) Boise, Ida20. FILED 4-21, 1937 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 18 193722. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1937, to Apr 20, 1937.I last saw him Stillborn, 1937: death is saidto have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Maternal Contracted Pelvic
& Perinatal Asphyxiation
Causing probable
Cerebral Hemorrhage

Date of onset Apr 18

Other contributory causes of importance:

Very hard uterine
contractions

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) J. M. Brantner, M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				S 254558	
County of <u>Ada</u>		Registration District No. <u>2</u>		State File No. <u>284</u>			
City of <u>Boise</u>		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>284</u>			
No. <u>32nd Eastman</u> St. <u>St. Luke's Hospital</u>							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Jasiah</u>							
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other.	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>4-27</u> , 193 <u>7</u> (Month, Day, Year)		
9. Full name <u>Robert Creek</u>		FATHER		18. Full maiden name <u>Muriel Whittington</u>		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>32nd Eastman</u>					
11. Color or race <u>White</u>		12. Age at last birthday <u>19</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Oregon</u>					
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		26. Total time (years) spent in the work	
19.....		in this work		19.....		in the work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn <u>✓</u>							
29. If stillborn, period of gestation <u>8 months</u>		{ months or weeks		30. Cause of stillbirth <u>Detached placenta</u>		{ Before labor During labor <u>✓</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Wm. Smith

or

Address Boise Idaho

Filed 4-5-4 1937

Registrar.

Registrar.

2

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

WASHINGTON, D. C.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		103625	
City of <u>Boise</u>		BUREAU OF VITAL STATISTICS			
CERTIFICATE OF DEATH					
Registration District No. <u>2</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>153</u>	
(No. <u>St. Lukes Hospital</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Infant Creek</u>					
(a) Residence. No. <u>34th & Eastman</u> St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>4/27/37</u>					
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day hrs. or min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
MOTHER FATHER					
13. NAME <u>Robert E. Creek</u>					
14. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Elnore Whittington</u>					
16. BIRTHPLACE (city or town) <u>Portland</u> (State or country) <u>Oregon</u>					
17. INFORMANT <u>Robert E. Creek</u> (Address) <u>34th & Eastman Street, Boise</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Morris Hill</u> Date <u>4/28/1937</u>					
19. UNDERTAKER <u>Summers Funeral Home</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>4-28-37</u> <u>R. Sharp</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4/27/1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-27-1937</u> to <u>4-27-1937</u>					
I last saw him/her alive on <u>4-27-1937</u> ; death is said to have occurred on the date stated above, at <u>4-26-37</u> pm.					
The principal cause of death and related causes of importance were as follows: <u>Died on 4th floor about</u> <u>4-26-37 - pneumonia</u> <u>caused by tubercular infection</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to exte'l causes (violence) fill-in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>R. Sharp</u> M. D.					
(Address) <u>Boise, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

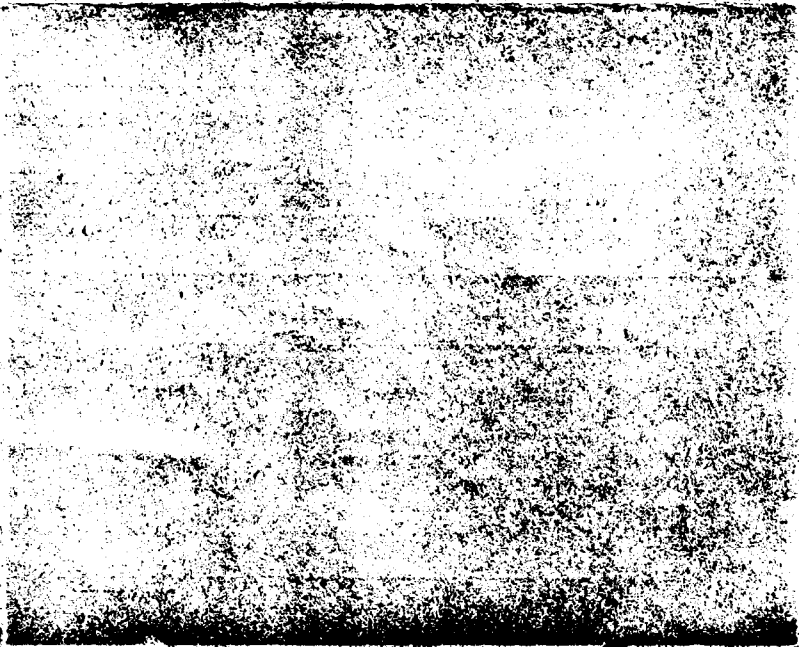
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		254614	
County of <u>Ada</u>		JUN 4 - 1937		Registration District No. <u>2</u>		State File No. <u>341</u>					
City of <u>Boise</u>		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>341</u>							
No. <u>St. Luke's Hospital</u> St.											
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD <u>Sullivan Alexandria (Alexandria Sullivan) Stillborn</u>											
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other. _____		6. Premature _____		7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>May 4, 1937</u>		(Month, Day, Year)	
5. Number, in order of birth _____				Full term <u>X</u>							
9. Full name <u>Willis Eugene Sullivan</u>						18. Full maiden name <u>Jean Alexandria Wilson</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>710 N 6th</u>						19. Residence (usual place of abode) (If non-resident, give place and State) <u>710 N 6th</u>					
11. Color or race <u>W</u> 12. Age at last birthday <u>26</u> (years)						20. Color or race <u>W</u> 21. Age at last birthday <u>26</u> (years)					
13. Birthplace (city or place) <u>Boise,</u> (State or Country) <u>Idaho</u>						22. Birthplace (city or place) <u>Boise,</u> (State or Country) <u>Idaho</u>					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Law</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H'Wife</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____					
16. Date (month and year) last engaged in this work _____, 19____						25. Date (month and year) last engaged in this work _____, 19____					
17. Total time (years) spent in this work _____						26. Total time (years) spent in this work _____					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>AgNO3 1%</u>											
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>X</u>											
29. If stillborn, period of gestation <u>9 months</u> { months or weeks _____											
30. Cause of Stillbirth _____ { Before labor <u>Compression of cord</u> During labor _____											
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:48 PM</u> on the date above stated. (Born Alive or Stillborn)											
(Signed) <u>[Signature]</u> , M. D.											
or _____, Midwife											
Address <u>Boise, Idaho</u>											
Filed <u>5-19</u> , 193 <u>7</u> <u>R. Sharp</u>											
Registrar.											

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		104417	
CERTIFICATE OF DEATH		Registration District No. 2		State File No.	
County of <u>Ada</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>159</u>	
City of <u>Biose</u>		(No. _____)			
JUN 4 - 1937		(If death occurred in a hospital or institution, give its name instead of street and number) <u>206</u>			
2. FULL NAME <u>Baby Sullivan</u>		(a) Residence. No. <u>St. Lukes Hospital</u>		St. <u>Biose Idaho</u>	
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 4 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Biose Idaho</u> (State or country)					
FATHER	13. NAME <u>William C. Sullivan</u>				
	14. BIRTHPLACE (city or town) <u>Biose, Ada</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Countess - Jean A. Wilson</u>				
	16. BIRTHPLACE (city or town) <u>Ada County</u> (State or country)				
17. INFORMANT (Address) <u>W. H. Longhorn, Biose, Ada</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Monroe Hill</u> Place <u>Biose, Ida</u> Date <u>5-6-1937</u>					
19. UNDERTAKER (Address) <u>Schmaier & Mr. Baird</u>					
20. FILED <u>5-5-1937</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 4 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h_____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn - cause undetermined full term - Breech</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>W. H. Longhorn</u> , M. D.					
(Address) <u>Biose</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson st.
Pocatello General

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other. ✓ Premature Yes 7. Legitimate? Yes 8. Date of birth March 22 1937 (Month, Day, Year)

9. Full name FATHER
LeRoy Wilford Lewis

10. Residence (usual place of abode) Bancroft, Ida
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Pocatello, Ida
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Auto Co.

16. Date (month and year) last engaged in this work now, 19 17. Total time (years) spent in this work 20

18. Full maiden name MOTHER
Pearl Higginson

19. Residence (usual place of abode) Bancroft, Ida
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 37 (years)

22. Birthplace (city or place) Hatch, Idaho
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work now, 19 26. Total time (years) spent in this work 19 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 2

29. If stillborn, period of gestation { months 7 or weeks } 30. Cause of stillbirth { Before labor unknown During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:55 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

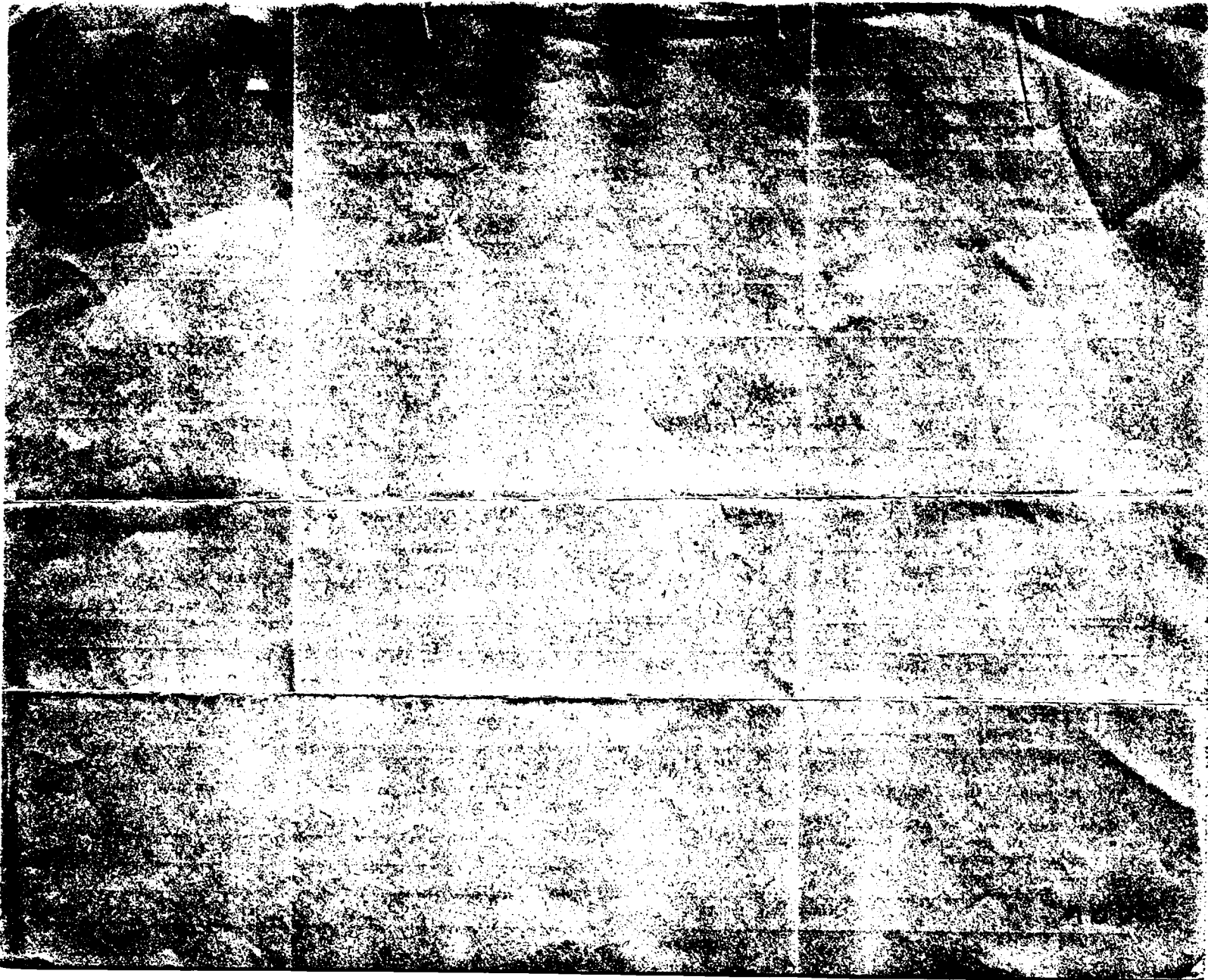
Registrar.

(Signed) [Signature], M. D.

or [Signature], Midwife

Address Bancroft, Ida

Filed May - 1 1937 [Signature] Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson st.
Pocatello, General

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Francis Crotts

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth May 24 1927 (Month, Day, Year)

9. Full name FATHER
Ralph Francis Crotts

10. Residence (usual place of abode) 229 No Hayes
(If non-resident, give place and State) Pocatello, Ida

11. Color or race White 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Pocatello, Ida
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Union Pacific RA

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 3

18. Full maiden name MOTHER
Rosalie Lucille Shaw

19. Residence (usual place of abode) 229 No Hayes
(If non-resident, give place and State) Pocatello, Ida

20. Color or race White 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Standardville, Utah
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
Stillborn 7:10PM

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

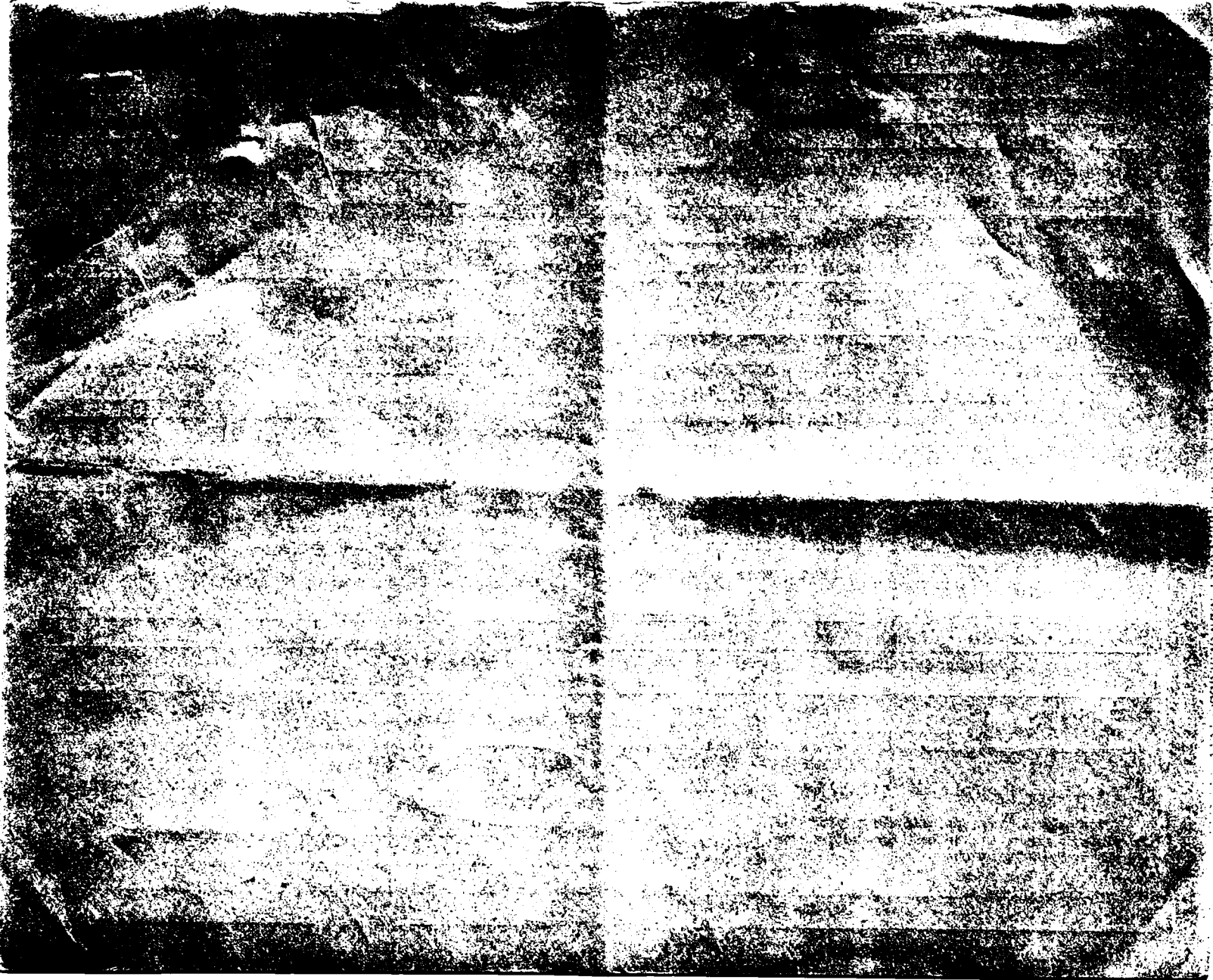
(Signed) Ok. Hall

or _____, M. D.

Address Pocatello, Idaho

Filed 6-10, 1927

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Pocatello
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104455Registration District No. 28
Primary Registration District No. 2161Local Registrar's No. 979

JUN 3 - 1937

(No. 28)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Frances Cratts(a) Residence No. 229 N. Hayes St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color of Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho13. NAME Ralph H. Cratts14. BIRTHPLACE (city or town) (State or country) Pocatello Idaho15. MAIDEN NAME Rosalie Shaw16. BIRTHPLACE (city or town) (State or country) Utah17. INFORMANT (Address) Ralph H. Cratts Pocatello Ida18. BURIAL, CREMATION OR REMOVAL Place Pocatello Date May 24, 193719. UNDERTAKER (Address) H. L. McLean Pocatello Ida20. FILED May 24, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 23, 193722. I HEREBY CERTIFY, That I attended deceased from 5:23, 1937, to 7:00, 1937.I last saw him alive on May 23, 1937: death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born
Deformed (Malformed)
Spina bifida

Other contributory causes of importance:

Name of operation No Date of May 23, 1937What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury May 23, 1937Where did injury occur? Still born (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place Still bornManner of injury Still bornNature of injury Still born24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Dr. C. E. Call M. D.(Address) Pocatello, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Call
S254691

JUN 16 1937

Registration District No. 28 State File No. 2087
Prim. Registration District No. 28 Local Registrar's No. 2087

2. FULL NAME OF CHILD Harold Chambers

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 29</u> , 193 <u>7</u> (Month, Day, Year)
-----------------------	--	----------------------------	------------------------------	--

9. Full name
Charles Harold Chambers

18. Full maiden name
Marr Partridge

10. Residence (usual place of abode)
401 Randolph
(If non-resident, give place and State) Pocatello, Ida

19. Residence (usual place of abode)
401 Randolph
(If non-resident, give place and State) Pocatello, Ida

11. Color or race White | 12. Age at last birthday 20 (years)

20. Color or race White | 21. Age at last birthday 25 (years)

13. Birthplace (city or place)
Book Springs, Wym.
(State or Country)

22. Birthplace (city or place)
Cowley, Wym
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Kraft Cheese Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work 3

25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2. (b) Born alive but now dead. (c) Stillborn

29. If stillborn, period of gestation	{ months or weeks	30. Cause of stillbirth	{ Before labor During labor
---------------------------------------	-------------------	-------------------------	--------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 10:45AM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Signed) O. Kall, M. D.

or _____, Midwife

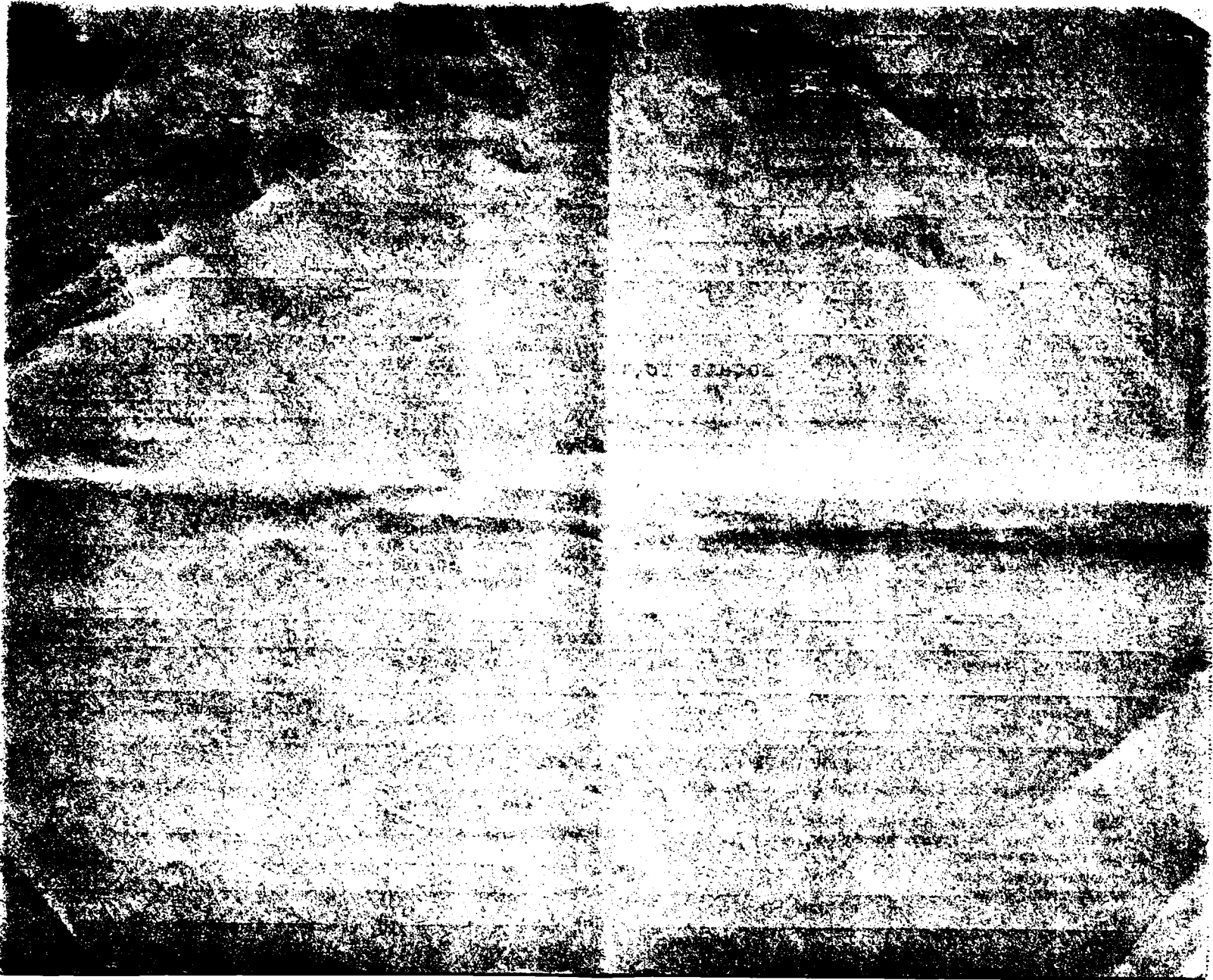
Address Pocatello, Ida

Filed 6-10, 1937

(Date of)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BannockCity of Pocatello

RECEIVED
JUN 9 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 9832. FULL NAME Infant Chambers(a) Residence. No. 401 Randolph St. Pocatello

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29, 1937

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho13. NAME Charles H. Chambers14. BIRTHPLACE (city or town) Rock Springs
(State or country) Wyoming15. MAIDEN NAME Marr Partridge16. BIRTHPLACE (city or town) Wyoming
(State or country)17. INFORMANT Charles H. Chambers
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Date 5/30/37, 193719. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho20. FILED G-2, 1937 7
D. C. Ray
Registrar

DO NOT WRITE IN THIS SPACE

104458

State File No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/29/37

22. I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__

I last saw him alive on _____, 193__; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born
Atrophic lungs

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) O. C. Call M.D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WHICH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 11 1937

1. PLACE OF BIRTH
County of Benedict
City of St. Maries
No. St. Maries Hospital St.

(If born in hospital or institution give name.)

Registration District No. 92 State File No. _____

Prim. Registration District No. 2049 Local Registrar's No. 95

2. FULL NAME OF CHILD Baby Boy Lyon Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature Yes Full term No 7. Legitimate? Yes 8. Date of birth 2-6, 1937 (Month, Day, Year)

9. Full name Richard FATHER
10. Residence (usual place of abode) Lyon
(If non-resident, give place and State) Santa, Idaho
11. Color or race White 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Lyon, Idaho (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work 2-5, 1937
17. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead ✓ (c) Stillborn 2

29. If stillborn, period of gestation 32 { months or weeks }
30. Cause of stillbirth Unknown { Before labor Yes During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6:30 a. m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) W. J. Brownell, M. D.

or _____, Midwife

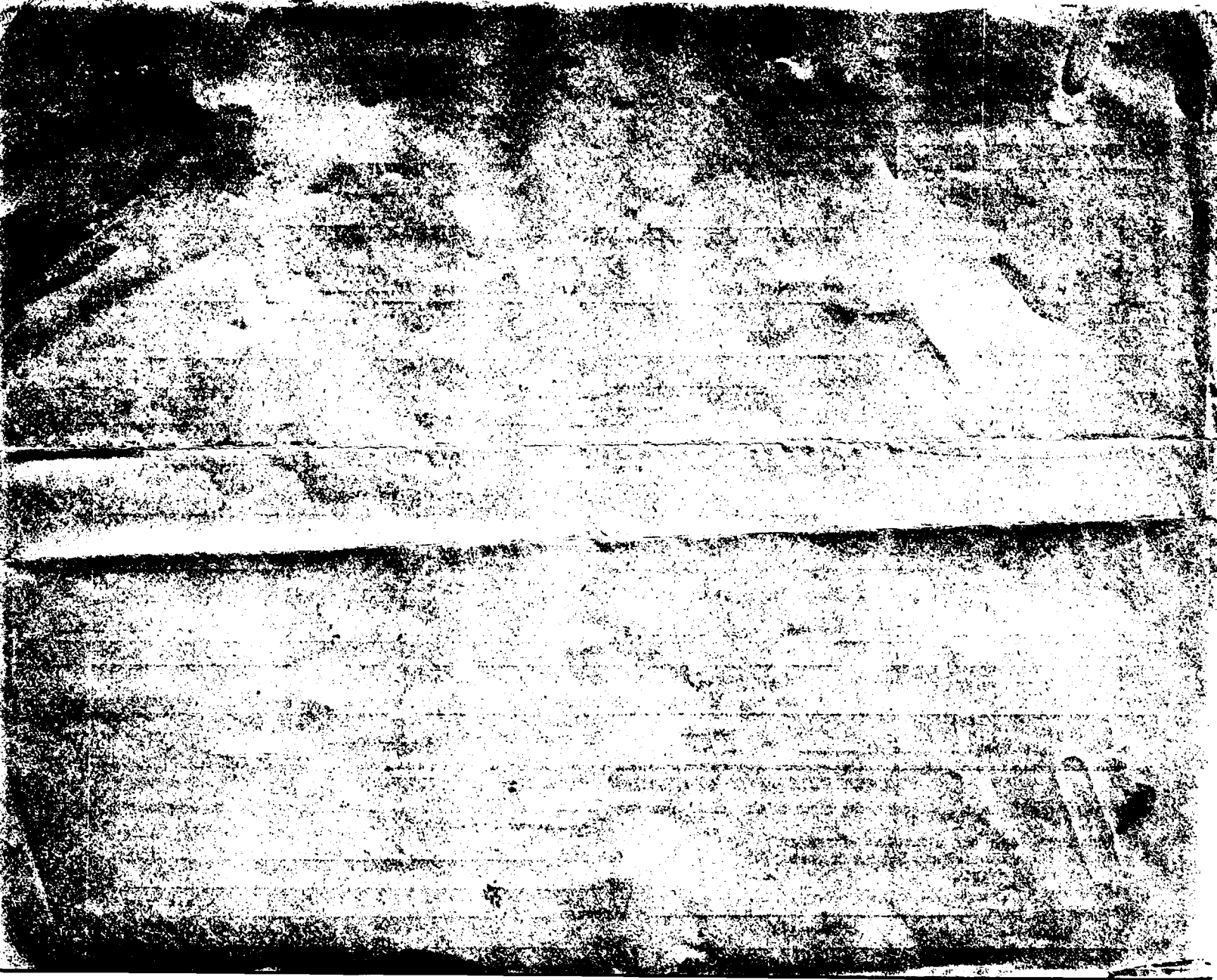
Address St. Maries, Idaho

Filed June 9, 1937 Walter Bohrer

Registrar.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

S 254709



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		104465	
PLACE OF DEATH County of <u>Benewah</u>		CERTIFICATE OF DEATH Registration District No. <u>32</u> Primary Registration District No. <u>2049</u> City of <u>St. Maries, Idaho</u> (If death occurred in a hospital or institution, give its name instead of street and number.) <u>St. Maries Hospital</u>		State File No. <u>104465</u>	
City of <u>St. Maries, Idaho</u>				Local Registrar's No. <u>28</u>	
1. FULL NAME <u>Baby Roy Tyson</u> (a) Residence. No. <u>St. Santa, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>stillbirth</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>stillbirth</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>stillbirth</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done <u>lawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-----</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>St. Maries, Idaho</u> (State or country)					
FATHER	13. NAME <u>Richard Tyson</u>				
	14. BIRTHPLACE (city or town) <u>Tyson, Idaho</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Violet</u>				
	16. BIRTHPLACE (city or town) <u>Clarksfork, Idaho</u> (State or country)				
17. INFORMANT <u>Mrs. Violet Tyson</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>-----</u> Date <u>-----</u> , 193 <u>7</u>					
19. UNDERTAKER <u>-----</u> (Address)					
20. FILED <u>6-9</u> , 193 <u>7</u> <u>Arthur Bohrer</u> Registrar					
21. DATE OF DEATH (month, day, and year) <u>8/6/37</u> 193 <u>7</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>stillbirth</u> , 193 <u>7</u> , to <u>-----</u> , 193 <u>7</u> . I last saw him alive on <u>-----</u> , 193 <u>7</u> ; death is said to have occurred on the date stated above, at <u>-----</u> m. The principal cause of death and related causes of importance were as follows: Date of onset <u>-----</u> Other contributory causes of importance: Name of operation <u>-----</u> Date of <u>-----</u> What test confirmed diagnosis? <u>-----</u> Was there an autopsy? <u>-----</u> 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>-----</u> Date of injury <u>-----</u> , 193 <u>7</u> . Where did injury occur? <u>-----</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>-----</u> Manner of injury <u>-----</u> Nature of injury <u>-----</u> 24. Was disease or injury in any way related to occupation of deceased? <u>-----</u> If so, specify <u>-----</u> (Signed) <u>John M. M. D.</u> (Address) <u>St. Maries, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Benedict</u> City of <u>St. Maries, Idaho</u> No. <u>St. Maries Hospital</u> St. <u>Registration District No. 32</u> State File No. <u>254715</u> (If born in hospital or institution give name.) Print Registration District No. <u>2049</u> Local Registrar's No. <u>41</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JUN 11 1937 CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>William Infant</u> <u>Rogerson</u>			
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other <u>No</u>	5. Number, in order of birth <u>1</u>
6. Premature <u>No</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>May 13, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Lynn Rogerson</u>		18. Full maiden name MOTHER <u>Laura Hurst</u>	
10. Residence (usual place of abode) <u>St. Maries, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>St. Maries, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>		12. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) <u>Monticello</u> (State or Country) <u>San Juan Co., Utah</u>		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>		21. Age at last birthday <u>43</u> (years)	
15. Industry or business in which work was done, as mill, sawmill, bank, etc. <u>Construction contractor</u>		22. Birthplace (city or place) <u>St. Maries</u> (State or Country) <u>Idaho</u>	
16. Date (month and year) last engaged in this work <u>5/12, 1937</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
17. Total time (years) spent in this work <u>25</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
25. Date (month and year) last engaged in this work <u>5-9, 1937</u>		26. Total time (years) spent in this work <u>21</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>40</u> { <u>months</u> or weeks } 30. Cause of Stillbirth { <u>During labor</u> or <u>Before labor</u> } <u>Undetermined</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

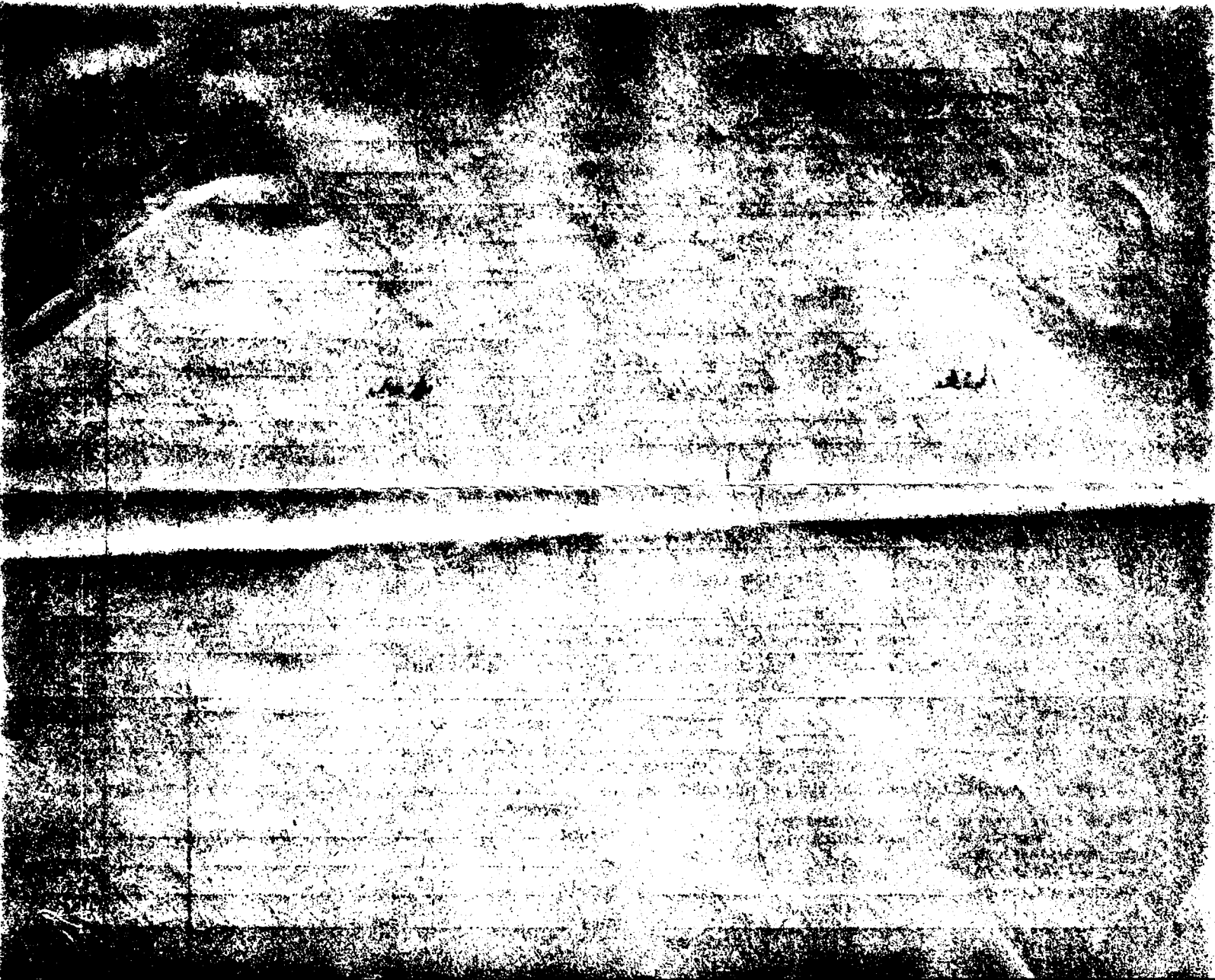
Registrar.

(Signed) W. A. Rogers, M. D.

Address St. Maries, Idaho

Filed June 9, 1937

Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE
PLACE OF DEATH County of <u>Benewah</u> City of <u>St. Maries</u>		State File No. <u>104468</u>
CERTIFICATE OF DEATH Registration District No. <u>32</u> Primary Registration District No. <u>2049</u>		Local Registrar's No. <u>31</u>
(No. <u>St. Maries Hospital</u>) (If death occurred in a hospital or institution give its name instead of street and number.)		
2. FULL NAME <u>Stillborn baby Rogersen</u>		
(a) Residence. No. <u>3rd & College</u> St.		
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>May 13 - 1937</u>		
7. AGE	Years	Months Days
	<u>0</u>	<u>0</u> <u>0</u>
If LESS than 1 day, <u>8</u> hrs. or <u>8</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>St. Maries, Ida.</u>		
FATHER	13. NAME <u>Lynn Rogersen</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Monticello, New Mexico, Utah</u>	
MOTHER	15. MAIDEN NAME <u>Inez Hurst</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Dublin, Chihuahua, Mexico</u>	
17. INFORMANT <u>Mrs. Rogersen</u> (Address) <u>St. Maries, Ida.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Maries</u> Place <u>Woodlawn</u> Date <u>5-13</u> , 1937		
19. UNDERTAKER <u>Mitchell & Wessels</u> (Address) <u>St. Maries, Ida.</u>		
20. FILED <u>6-9</u> , 1937 <u>Walter Soberg</u> Registrar		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>May 18, 1937</u> 193		
22. I HEREBY CERTIFY That I attended deceased from <u>St. Maries</u> , 193		
I last saw him alive on _____, 193 : death is said to have occurred on the date stated above, at _____ m.		
The principal cause of death and related causes of importance were as follows:		
<u>Cause of stillbirth undetermined</u>		
Other contributory causes of importance:		
Name of operation <u>None</u> Date of _____		
What test confirmed diagnosis? _____ Was there an autopsy? _____		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, _____, 193		
Where did injury occur? <u>At home</u> (Specify city or town and county and state)		
Specify whether injury occurred in industry, in home, or in public place. _____		
Manner of injury _____		
Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
If so, specify <u>Cardiac</u>		
(Signed) _____, M. D.		
(Address) <u>St. Maries, Idaho</u>		

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1923*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Benevolah</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>St. Maries, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Maries Hospital</u> St.		JUN 11 1937	
(If born in hospital or institution give name.)		Registration District No. <u>32</u> State File No. <u>254717</u>	
2. FULL NAME OF CHILD <u>Stillborn Infant Matteson</u>		Prim. Registration District No. <u>2049</u> Local Registrar's No. <u>44</u>	
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth <u>1</u>
6. Premature <u>Yes</u>	Legitimate? <u>Yes</u>	7. Date of birth <u>5-31, 1937</u>	(Month, Day, Year)
9. Full name FATHER <u>Chris Roy Matteson</u>		18. Full maiden name MOTHER <u>Lori Mary Offenberg</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Maries, Idaho</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>32</u> (years)		21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Philipsburg, Kansas</u>		22. Birthplace (city or place) (State or Country) <u>Birmingham, Wash.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Timber Company</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
16. Date (month and year) last engaged in this work <u>5-31, 1937</u>		25. Date (month and year) last engaged in this work <u>5-31, 1937</u>	
17. Total time (years) spent in this work <u>4</u>		26. Total time (years) spent in this work <u>14</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>20 months</u>		30. Cause of Stillbirth	
months or weeks		During labor	
		Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:35 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

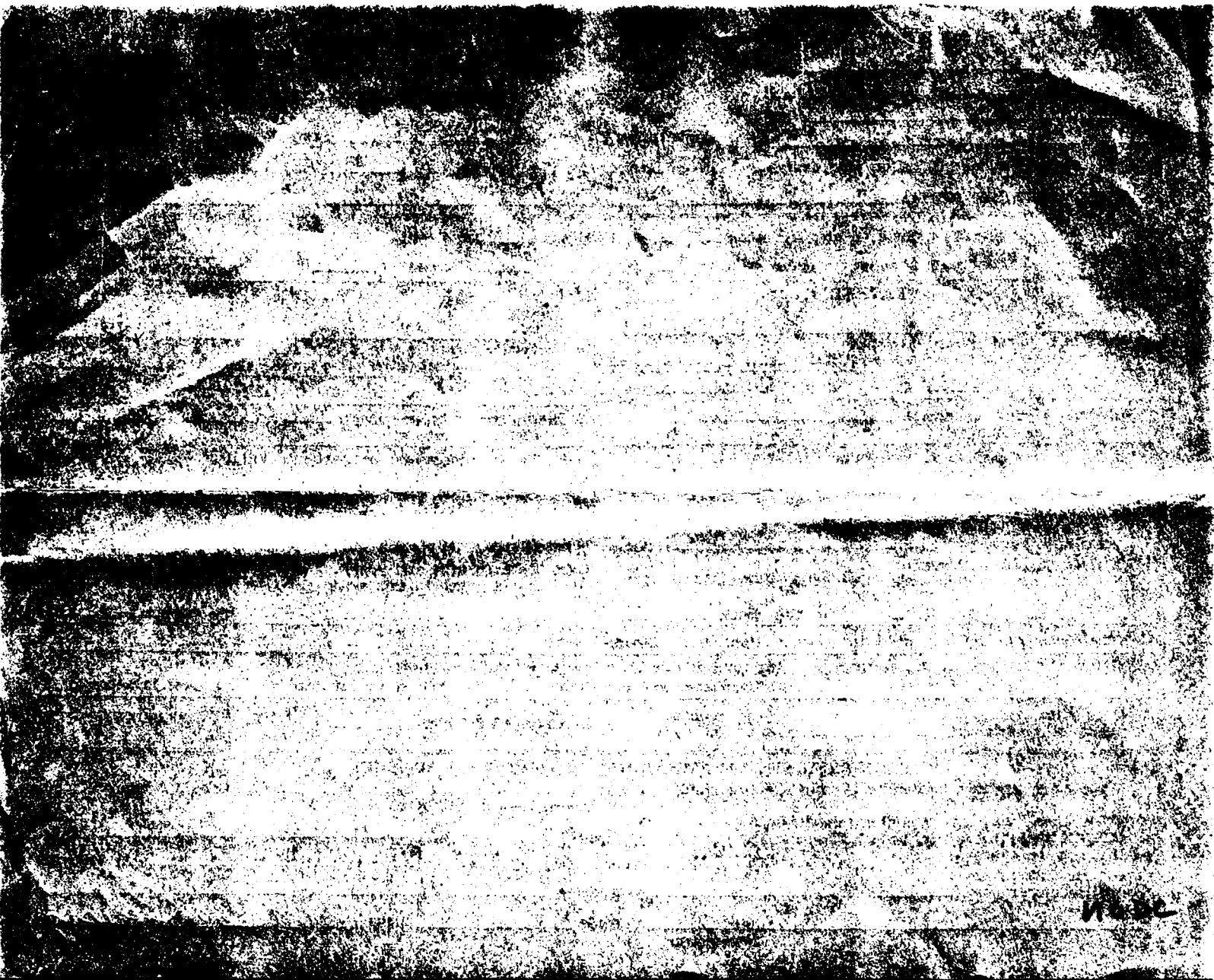
(Signed) W. E. Lawrence, M. D.

or _____, Midwife

Address _____

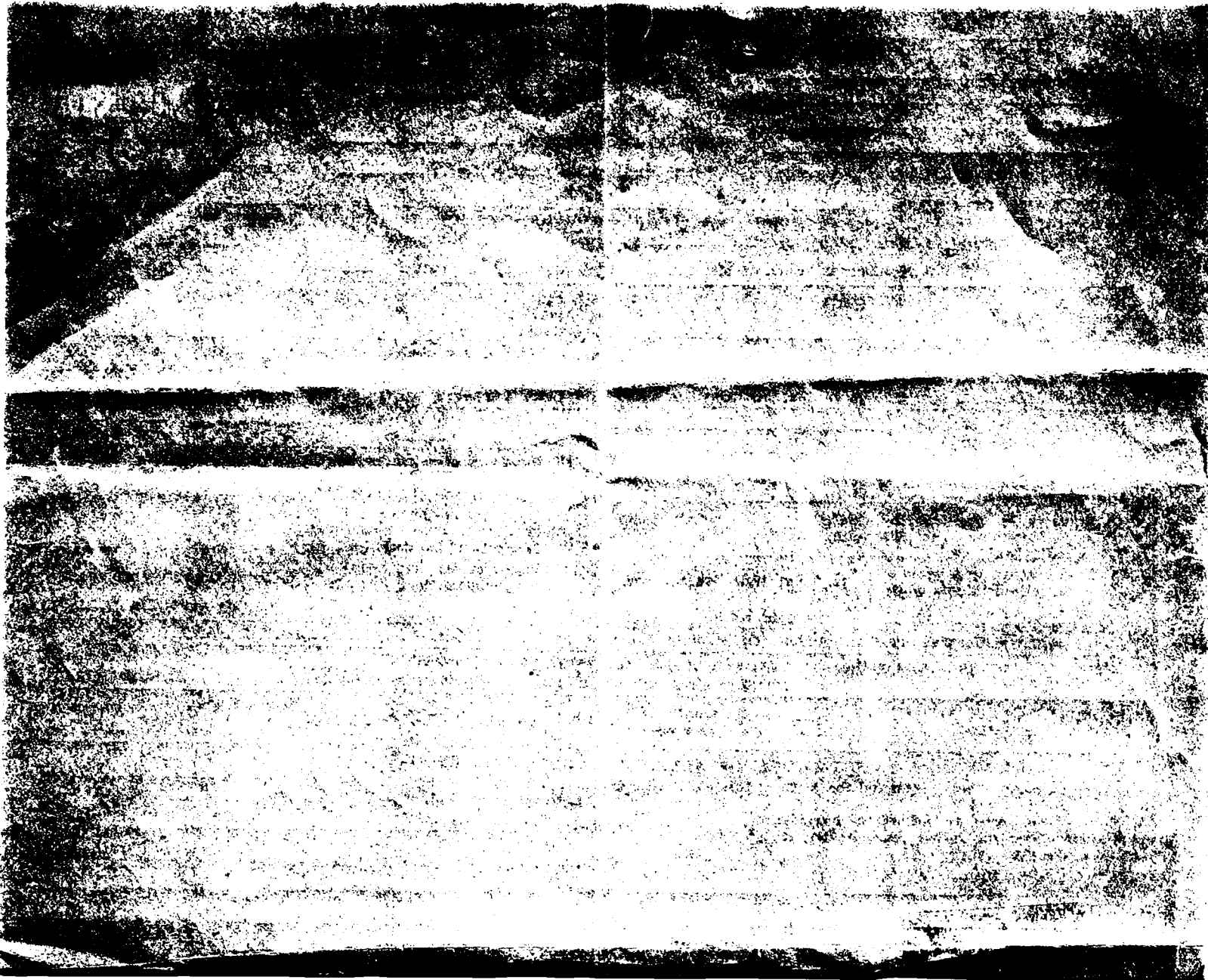
Filed June 9, 1937 Walter Bohrer

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Bonneville</u>		JUN 7 - 1937	
City of <u>Idaho Falls Idaho</u>		CERTIFICATE OF BIRTH S 254810	
No. <u>L. A. Q. Hospital</u> St.		Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. <u>277</u>	
2. FULL NAME OF CHILD <u>Stell birth</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Premature _____
		6. Number, in order of birth _____	7. Lest _____
		Full term <u>Yes</u>	mate? <u>Yes</u>
8. Date of birth <u>5-6-1937</u>		(Month, Day, Year)	
9. Full name FATHER <u>Herman Leonard Ingram</u>		18. Full maiden name MOTHER <u>Margie Marion Haderik</u>	
10. Residence (usual place of abode) <u>R#1 Idaho Falls</u>		19. Residence (usual place of abode) <u>R#1 Idaho Falls</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>White</u>		12. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) <u>Idaho City</u>		20. Color or race <u>White</u>	
(State or Country)		21. Age at last birthday <u>22</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) <u>Idaho</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rented Farm</u>		(State or Country)	
16. Date (month and year) last engaged in this work <u>May, 1937</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
17. Total time (years) spent in this work <u>6 years</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
18. Date (month and year) last engaged in this work <u>May, 1937</u>		25. Date (month and year) last engaged in this work <u>May, 1937</u>	
26. Total time (years) spent in this work <u>2 years</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	
28. Number of children of this mother (At time of this birth and including this child)		29. If stillborn, period of gestation <u>8</u> { months or weeks	
(a) Born alive and now living <u>None</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>1</u>		30. Cause of Stillbirth <u>due to lack of oxygen</u>	
Before labor _____		During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:00</u> p.m. on the date above stated.			
(Born Alive or Stillborn)			
(Signed) _____, M. D.			
or _____ Midwife			
Address <u>Idaho Falls Idaho</u>			
Filed <u>May 12</u> 1937			
Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County	Bonner	CITY OF		104514	
City	Idaho Falls	Registration District No.		State File No.	
	Idaho	73			
	1937	Primary Registration District No.		Local Registrar's No.	
		Idaho Falls		103	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME					
Sillie Ruth					
Idaho Falls, Idaho					
(a) Residence. No.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
1. SEX	4. Color & Race	5. Single, Married, Widowed or Divorced (write the word)			
male	white				
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
May 6, 1937					
7. AGE	Years	Months	Days	If LESS than day... hrs. min.	
				none	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)					
Idaho Falls, Idaho					
13. NAME					
Herman Lemont Ingram					
14. BIRTHPLACE (city or town) (State or country)					
Idaho Falls, Idaho					
15. MAIDEN NAME					
Idaho Falls, Idaho					
16. BIRTHPLACE (city or town) (State or country)					
Idaho Falls, Idaho					
17. INFORMANT (Address)					
husband					
18. BURIAL, CREMATION OR REMOVAL					
Place					
Idaho Falls, Idaho					
Date					
May 7, 1937					
19. UNDERTAKER (Address)					
Idaho Falls, Idaho					
20. FILED					
Idaho Falls, Idaho					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year)					
May 6, 1937					
22. I HEREBY CERTIFY, That I attended deceased from					
May 6, 1937, to May 6, 1937					
I last saw him alive on May 6, 1937, death is said to have occurred on the date stated above, at 9 p.m.					
The principal cause of death and related causes of importance were as follows:					
Asphyxia					
Evisceration					
Other contributory causes of importance:					
Coiled cord about neck					
Long labor					
Name of operation					
Evisceration					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1937.					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease of injury in any way related to occupation of deceased? If so, specify					
(Signed) M. D.					
Idaho Falls, Idaho					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

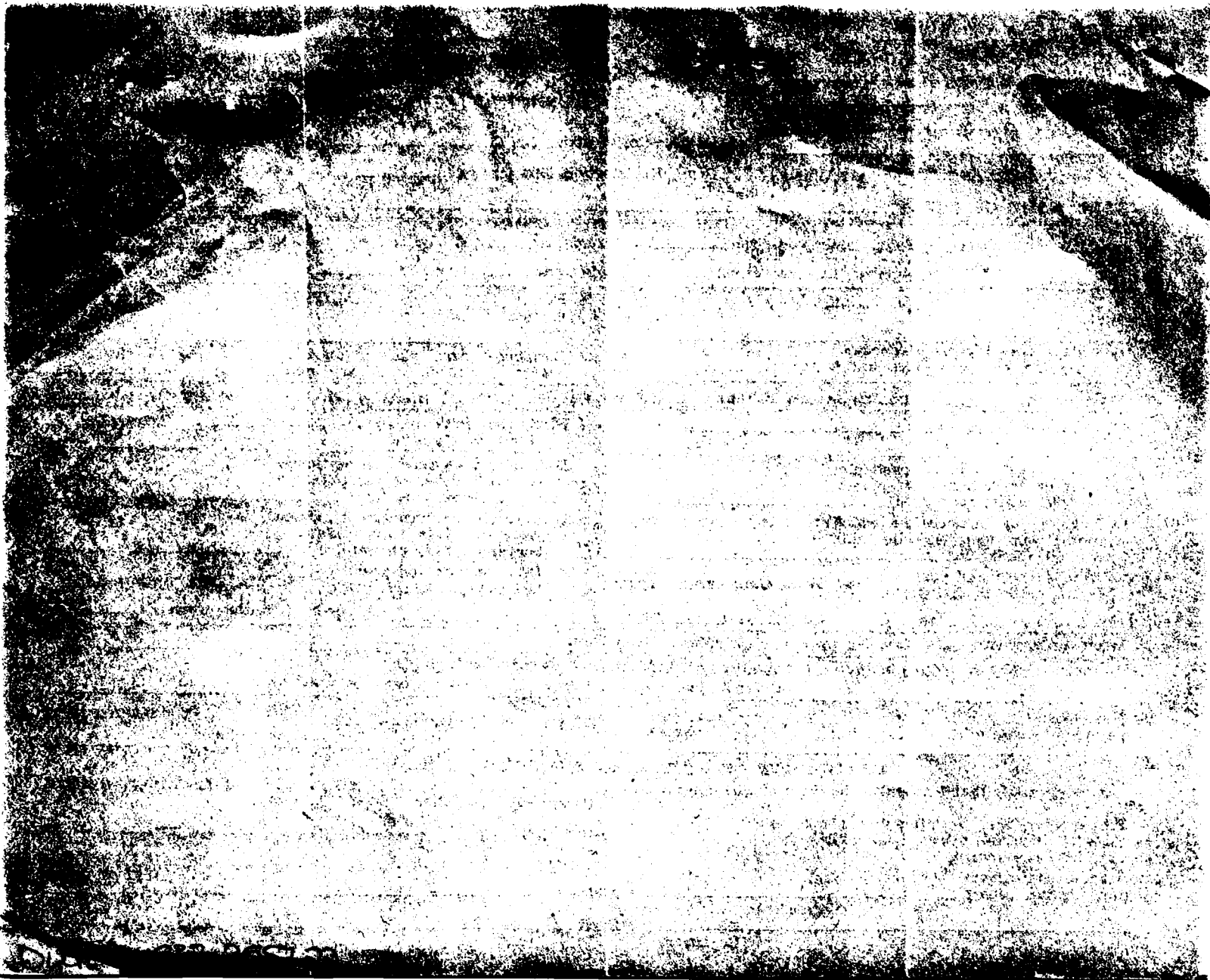
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Bonneville</u>		JUN 7 - 1937		CERTIFICATE OF BIRTH 254816	
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		State File No. _____	
No. <u>Memorial Drive</u> St. <u>W.P.S. Hospital</u>		Prim. Registration District No. <u>2150</u>		Local Registrar's No. <u>282</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Willburh</u>					
3. Sex <u>Male</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
If plural births _____		6. Premature _____		7. Legiti- mate? <u>yes</u>	
8. Date of birth <u>5-4-1937</u>				(Month, Day, Year)	
9. Full name FATHER <u>Earl Peterson</u>			18. Full maiden name MOTHER <u>Elsie Austin</u>		
10. Residence (usual place of abode) <u>Idaho Falls</u> (If non-resident, give place and State) <u>Gen. Del.</u>			19. Residence (usual place of abode) <u>Idaho Falls</u> (If non-resident, give place and State) <u>Gen. Del.</u>		
11. Color or race <u>White</u>			12. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Swan Valley</u> (State or Country) <u>Idaho</u>			20. Color or race <u>White</u>		
			21. Age at last birthday <u>21</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>			22. Birthplace (city or place) <u>Tenden</u> (State or Country) <u>Wash.</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Works for Mr. Benson</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work <u>April 1937</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
17. Total time (years) spent in this work <u>6 yrs.</u>			25. Date (month and year) last engaged in this work <u>April 1937</u>		
			26. Total time (years) spent in this work <u>2</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) <u>11</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ { months or weeks _____					
30. Cause of Stillbirth _____ { Before labor _____ During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11:20</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>[Signature]</u> , M. D.					
or _____, Midwife					
Address <u>Idaho Falls, Idaho</u>					
Filed <u>May 21</u> , 1937 <u>[Signature]</u> Registrar.					
(Date of) _____ Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		BUREAU OF VITAL STATISTICS		104511	
City of <u>Shawwal</u>		CERTIFICATE OF DEATH		State File No.	
JUN 7 - 1937		Registration District No. <u>73</u>		Local Registrar's No. <u>100</u>	
		Primary Registration District No. <u>214-0</u>			
		(No. <u>214-0</u> Hospital)			
		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillest Peterson</u>					
(a) Residence. No. St.					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 4 1937</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
		0	0	0	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
		10. Date deceased last worked at this occupation (mo. and yr.)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Idaho Falls</u>					
(State or country) <u>Idaho</u>					
13. NAME <u>Carl Lorenz Peterson</u>					
14. BIRTHPLACE (city or town) <u>Idaho Falls</u>					
(State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Elvis Gustafson</u>					
16. BIRTHPLACE (city or town) <u>Idaho Falls</u>					
(State or country) <u>Idaho</u>					
17. INFORMANT <u>Carl Peterson</u>					
(Address) <u>Idaho Falls</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Idaho Falls</u>		Date <u>May 6 1937</u>			
19. UNDERTAKER <u>McKee Funeral Home</u>					
(Address) <u>Idaho Falls</u>					
20. FILED <u>May 12 1937</u>					
Registrar. <u>John D. ...</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 7 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from					
....., 193....., to 193.....					
I last saw h.... alive on 193.... death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stroke with</u>					
<u>Heart failure</u>					
<u>Dead 24-36 hrs.</u>					
<u>Cause unknown</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?....					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury... 193.					
Where did injury occur?.....					
(Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?.....					
(Signed) <u>R. A. ...</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 7 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 254850**

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. L. A. S. Hospital St.
(If born in hospital or institution give name.)

Registration District No. 73 State File No. _____
Prim. Registration District No. 2150 Local Registrar's No. 316

2. FULL NAME OF CHILD

Still birth

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth 5-19-1937
(Month, Day, Year)

9. Full name FATHER Law H. Lambert
10. Residence (usual place of abode) Shore apt.
(If non-resident, give place and State) Idaho Falls
11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Colfax
(State or Country) Washington

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. J. I. Case Co.

16. Date (month and year) last engaged in this work May, 1937
17. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks { 30. Cause of Stillbirth _____ { Before labor ✓
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) W. B. Guy M. D.

or _____ Midwife

Address Idaho Falls, Ida

Filed May 21, 1937

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Bonneville</u>	City of <u>Shoshone Falls</u>		
<div style="float: right; border: 1px solid black; padding: 5px;"> DO NOT WRITE IN THIS SPACE State File No. 104522 </div>			
Registration District No. <u>73</u>		Local Registrar's No. <u>111</u>	
Primary Registration District No. <u>2140</u>		(No. <u>L. A. S. Hospital</u>)	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillbirth, Saubert</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Stillbirth</u>			
6. DATE OF BIRTH (month, day, and year) <u>5-19-37</u>			
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Gas Falls</u> (State or country) <u>Idaho</u>			
MOTHER FATHER	13. NAME <u>Law H. Saubert</u>		
	14. BIRTHPLACE (city or town) <u>Colfax Washington</u> (State or country)		
	15. MAIDEN NAME <u>Thelma Lowell</u>		
	16. BIRTHPLACE (city or town) <u>Rock Hill</u> (State or country) <u>South Carolina</u>		
17. INFORMANT <u>Mrs Law H. Saubert</u> (Address)			
18. (BURIAL) CREMATION OR REMOVAL Place <u>Idaho Falls, Ida.</u> Date <u>May 28, 1937</u>			
19. UNDERTAKER <u>none</u> (Address)			
20. FILED <u>May 21, 1937</u> <u>Confirmed</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>5/19 1937</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>May 19, 1937</u> to <u>May 19, 1937</u>			
I last saw him alive on <u>May 19, 1937</u> ; death is said to have occurred on the date stated above, at <u>9:27 P.</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u>			
Date of onset <u>5/19/37</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193...			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>H. E. Gentry</u> , M. D. (Address) <u>Idaho Falls</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Galistones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 254953	
County of <u>Canyon</u> 369-223--		City of <u>Caldwell</u> 36014-875		No. <u>4th report</u> St.		Registration District No. <u>11</u> 1931	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1005</u>		State File No. <u>116</u>		Local Registrar's No. <u>116</u>	
2. FULL NAME OF CHILD <u>Jeanette Mae Corbett</u>							
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>	
5. Number, in order of birth _____		Full term _____		mate? <u>yes</u>		8. Date of birth <u>May 23, 1937</u> (Month, Day, Year)	
9. Full name <u>William D. Corbett</u>		FATHER		18. Full maiden name <u>Opal Mae Hamner</u>		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Idaho</u>		20. Color or race <u>white</u>		21. Age at last birthday <u>18</u> (years)	
11. Color or race <u>white</u>		12. Age at last birthday <u>28</u> (years)		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		16. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		18. Date (month and year) last engaged in this work _____		19. Total time (years) spent in this work _____		20. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>8 mo.</u> { months or weeks _____							
30. Cause of Stillbirth <u>Stillborn</u> { Before labor <u>yes</u> During labor _____							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:40</u> p. m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>Harry J. Tinker</u> , M. D.							
or _____, M.D.							
Address <u>Caldwell, Idaho</u>							
Filed <u>6/9</u> , 1937 <u>1</u> Registrar.							

NOTED

When there was no evidence of a child who was
found in the house, the mother was
arrested and taken to the hospital.
The child was found in the
house and was taken to the hospital.

(Page 1)

Filed
Address
at

STATEMENT OF THE CHILD

at Cause of Birth
During labor

at Birth alive and breathing
at Birth alive and breathing
at Birth alive and breathing

at Birth alive and breathing
at Birth alive and breathing
at Birth alive and breathing

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO— DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u>	City of <u>Calhoun</u>	CERTIFICATE OF DEATH		104537	
Registration District No. <u>1</u>		Primary Registration District No. <u>2000</u>		Local Registrar's No. <u>75</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name, instead of street and number)			
2. FULL NAME <u>Jeannette May Corbett</u>				206	
(a) Residence. No. _____		(Usual place of abode)		St. _____	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		(If nonresident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>5-23-1927</u>					
7. AGE	Years <u>5</u>	Months <u>23</u>	Days <u>19</u>	If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stillborn</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Calhoun Ida</u>					
13. NAME <u>Wm J. Corbett</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Calhoun Idaho</u>					
15. MAIDEN NAME <u>Opal Hanner</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Calhoun Idaho</u>					
17. INFORMANT (Address) <u>Wm J. Corbett Calhoun Ida</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Canyon H. H. 5-24-1937</u>					
19. UNDERTAKER (Address) <u>Paul L. Goss Galhoun Idaho</u>					
20. FILED <u>376</u> 1937 _____ Registrar _____					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>5-23</u> 1937					
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>same date</u> to _____, 1937					
I last saw h. alive on _____, 1937: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>not known</u>					
Other contributory causes of importance: <u>not known</u>					
Name of operation. Date of.					
What test confirmed diagnosis? Was there an autopsy? ..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1937. _____					
Where did injury occur? (Specify city or town, county, and state) _____					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.					
Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>H. G. Tinkler</u> M. D.					
(Address) <u>Calhoun Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

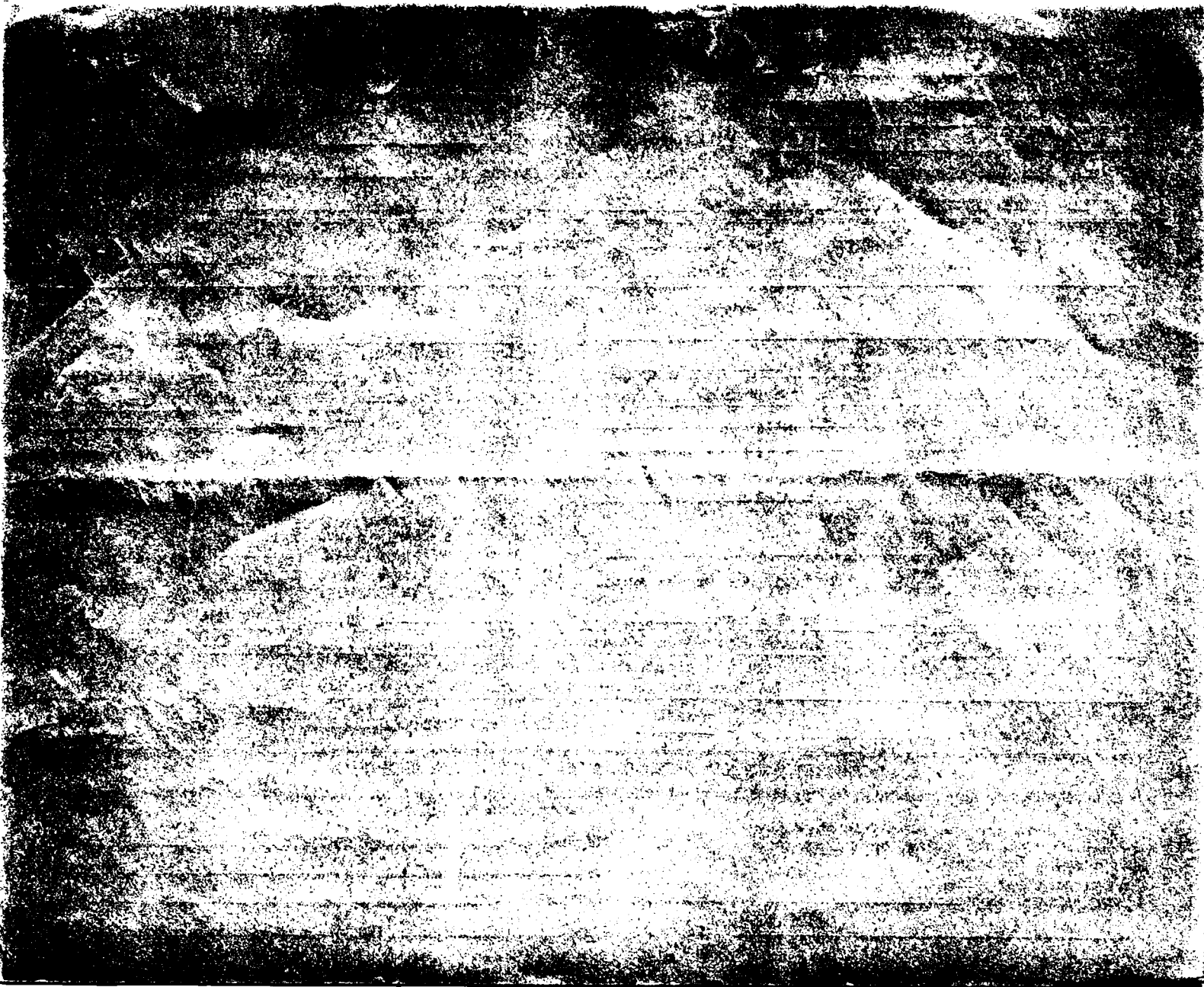
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF NEARO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S CERTIFICATE OF BIRTH 254968	
County of <u>Cassia</u>		City of <u>Burley</u>		No. <u>117</u>		Registration District No. <u>117</u> State File No. <u>2196</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2196</u>		Local Registrar's No. <u>96</u>			
2. FULL NAME OF CHILD <u>Stillborn</u>							
3. Sex <u>M</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>✓</u>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>3-16-1937</u> (Month, Day, Year)							
9. Full name <u>Alex Pluey</u> FATHER				18. Full maiden name <u>Ramona Montoya</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>			
11. Color or race <u>Mex</u>				12. Age at last birthday <u>32</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Mex.</u>				20. Color or race <u>Mex</u> 21. Age at last birthday <u>23</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				22. Birthplace (city or place) (State or Country) <u>Colo</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>14W</u>			
16. Date (month and year) last engaged in this work _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
17. Total time (years) spent in this work _____				25. Date (month and year) last engaged in this work _____			
26. Total time (years) spent in this work _____							
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>9</u> { months or weeks _____							
30. Cause of Stillbirth <u>Central placenta</u> During labor <u>trauma</u> Before labor _____							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:50 P</u> m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>J. H. Cooper</u> M. D.							
or _____, Midwife							
Address _____							
Filed <u>May 9</u> , 1937 <u>Laura G. Spracher</u> Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Cassia
City of Burley

DO NOT WRITE IN THIS SPACE

State File No. **103339**Registration District No. 117Primary Registration District No. 2126Local Registrar's No. 13

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Andrew Perez(a) Residence, No. 844 N. Grant Ave., St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Mexican 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho13. NAME Alex Perez14. BIRTHPLACE (city or town) Mexico
(State or country)15. MAIDEN NAME Armona Montoya16. BIRTHPLACE (city or town) Colorado
(State or country)17. INFORMANT Alex Perez
(Address) Burley - Idaho18. BURIAL, CREMATION OR REMOVAL
Place Burley, Ida. Date 3-18- 193719. UNDERTAKER R. E. Johnson
(Address) West M. C. Culloch20. FILED 3-18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-16-1937

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Placenta praevia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Dr. R. E. Johnson, M. D.

(Address) _____

Dr. L. H. Lape UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

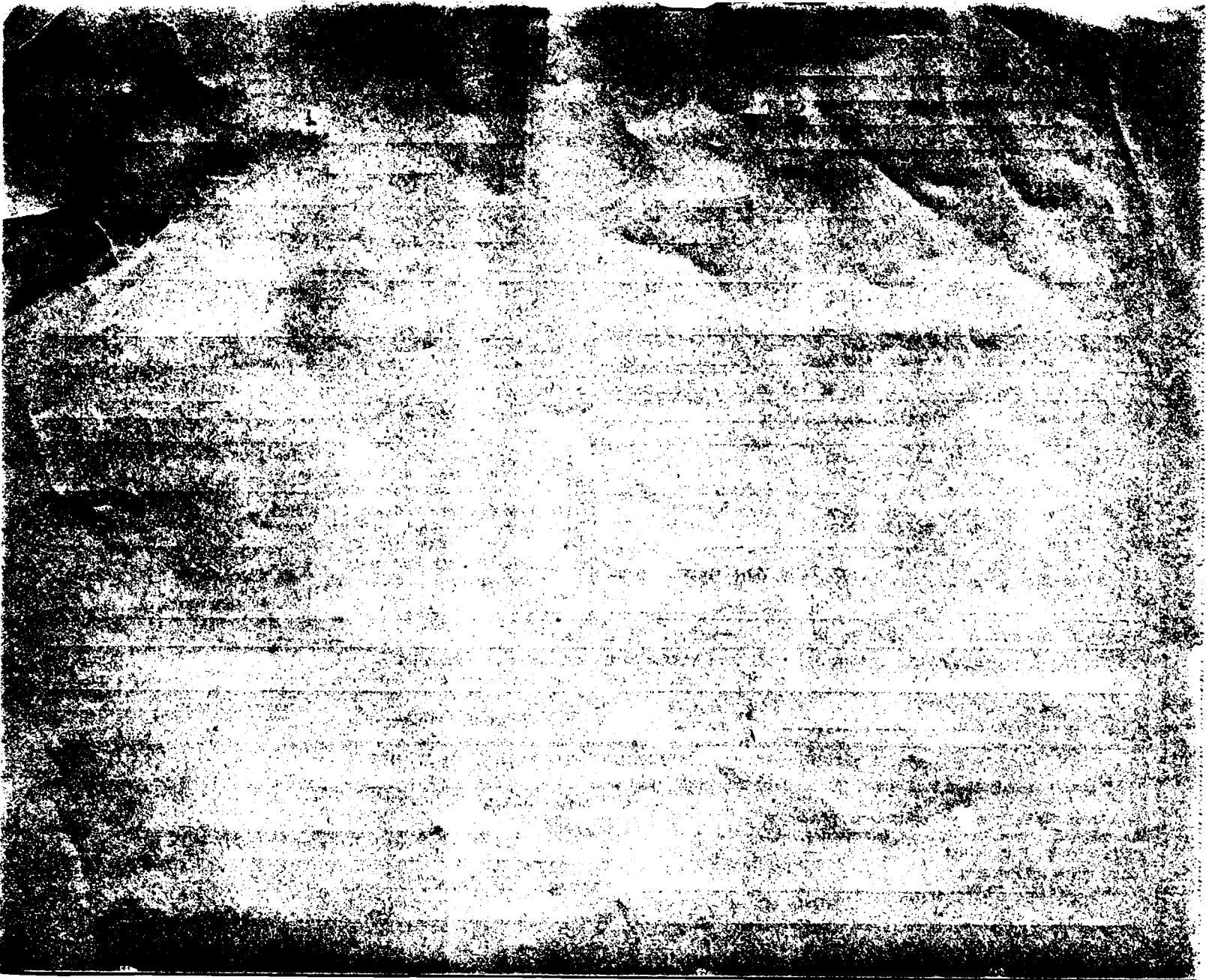
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Franklin</u> City of <u>Hairview</u> No. _____ St. _____		RECEIVED JUN 10 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 255022	
(If born in hospital or institution give name.)		Registration District No. <u>27</u>		State File No. _____			
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2119</u>		Local Registrar's No. <u>121</u>			
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term _____		7. Legiti- mate? <u>yes</u>	
				8. Date of birth <u>May 26, 1937</u> (Month, Day, Year)			
9. Full name <u>Roscoe Woodrow Spackman</u>		FATHER		18. Full maiden name <u>Lillian Thelma Prudent</u>		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hairview</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>			
11. Color or race <u>W.</u>		12. Age at last birthday <u>20</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>17</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Preston</u> <u>Ida.</u>				22. Birthplace (city or place) (State or Country) <u>Illinois</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>7 mo</u> { months or weeks		30. Cause of stillbirth { Before labor During labor					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:30 P.</u> m. on the date above stated. (Born Alive or Stillborn)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return.							
Give name added from a supplemental report _____							
(Date of) _____							
Regist. _____							
(Signed) <u>O. R. Cutler</u> M. D.							
or _____ Midwife							
Address <u>Preston, Idaho</u>							
Filed <u>June 8</u> , 1937 <u>G. H. State</u>							
Regist. _____							



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE <div style="font-size: 1.5em; font-weight: bold; text-align: center;">104589</div>	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Fairview</u>		Registration District No.		Local Registrar's No. <u>38</u>	
JUN 10 1937		Primary Registration District No.		706	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Girl Spackman</u>					
(a) Residence. No. <u>Fairview</u> St.		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 22 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.	
				<u>Stillborn</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>none</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Fairview</u> (State or country)					
MOTHER/FATHER	13. NAME <u>Roscoe Woodrow Spackman</u>				
	14. BIRTHPLACE (city or town) <u>Preston</u> (State or country)				
	15. MAIDEN NAME <u>Lillian Thelma Prudden</u>				
	16. BIRTHPLACE (city or town) <u>Illinois</u> (State or country)				
17. INFORMANT <u>Roscoe W. Spackman</u> (Address) <u>Fairview, Id.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>at home in Preston</u> Date <u>5-26-37</u>					
19. UNDERTAKER <u>none</u> (Address)					
20. FILED <u>June 8, 1937</u> <u>G. W. Stiles</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 26 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 26, 1937</u> , to <u>May 26, 1937</u> . I last saw her alive on <u>May 26 1937</u> ; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u> The principal cause of death and related causes of importance were as follows:					
					Date of onset <u>6-7-37</u>
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 1937.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....					
(Signed) <u>G. W. Stiles</u> M. D. (Address) <u>Preston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Franklin</u> City of <u>Preston</u> No. <u>General Memorial</u> St. _____ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Baby Boy Hansen - Stillborn</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 235027 JUN 10 1937 Registration District No. <u>27</u> State File No. _____ Prim. Registration District No. <u>2119</u> Local Registrar's No. <u>126</u>		
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 21, 1937</u> (Month, Day, Year)
9. Full name FATHER <u>Joseph L. Hansen</u>		18. Full maiden name MOTHER <u>Hilva Valborg Olsen</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>		
11. Color or race <u>W.</u> 12. Age at last birthday <u>36</u> (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>36</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Preston</u>		22. Birthplace (city or place) (State or Country) <u>Mink Creek</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>7 mo.</u> { months or weeks		30. Cause of stillbirth { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:20 a.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Chas. Veeder, M. D.

or _____, Midwife

Address Preston, Idaho

Filed June 8, 1937 W. W. States

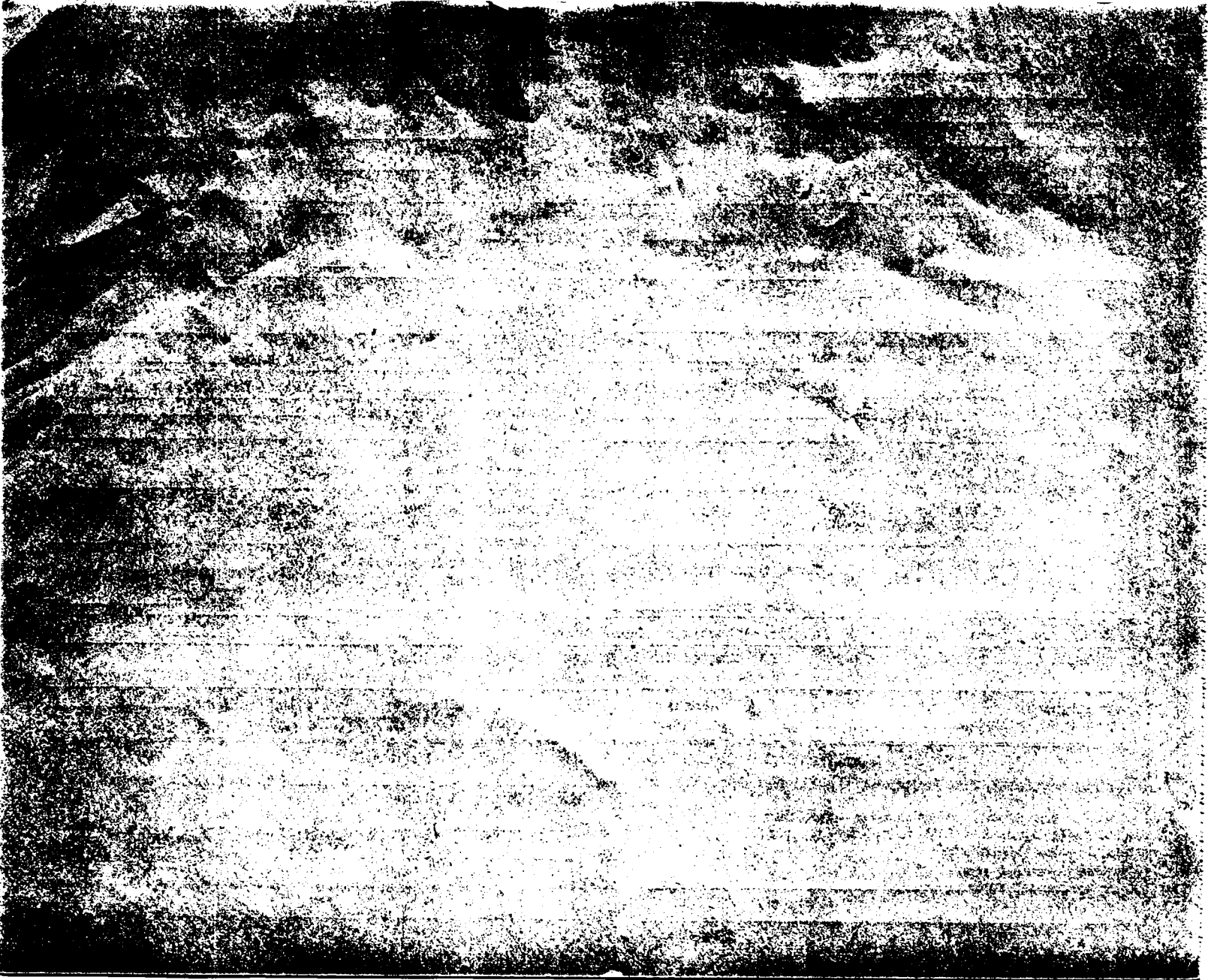
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104590

JUN 10 1937

Registration District No. 22Primary Registration District No. 2119 Local Registrar's No. 416(No. General Memorial)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Baby Boy Hansen(a) Residence. No. Preston, Idaho
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 21, 1937

7. AGE Years Months Days If LESS than 1 day... hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as child
lawyer, bookkeeper, etc.9. Industry or business in which work was done, as child
saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho13. NAME Joseph L. Hansen14. BIRTHPLACE (city or town) Preston
(State or country) Idaho15. MAIDEN NAME Hilva Valborg Olson16. BIRTHPLACE (city or town) Minnehaha Creek
(State or country) Idaho17. INFORMANT Joseph L. Hansen
(Address) Preston18. BURIAL, CREMATION OR REMOVAL
Place Preston Date May 21 193719. UNDERTAKER none
(Address)20. FILED June 8, 1937 G. W. Stiles
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-21 193722. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 21, 1937I last saw him/her on May 21, 1937; death is said to have occurred on the date stated above, at 11:21 A.M.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Premature placental separation

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 1937.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....

(Signed) G. W. Stiles M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Benewah</u>	City of <u>Emmett</u>	JUN 4 - 1937	
No. _____	St. _____	CERTIFICATE OF BIRTH S 255060	
(If born in hospital or institution give name.)		Registration District No. <u>6</u>	State File No. _____
2. FULL NAME OF CHILD <u>Larry Young - Stillborn</u>		Prim. Registration District No. _____	Local Registrar's No. _____
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>X</u>
	5. Number, in order of birth _____	Full term <u>X</u>	8. Date of birth <u>May 19, 1937</u> (Month, Day, Year)
9. Full name <u>Walter B Young</u> FATHER		18. Full maiden name <u>Tressa May Preshears</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>2nd Street Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Street Ida</u>	
11. Color or race <u>N</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>N</u>	21. Age at last birthday <u>41</u> (years)
13. Birthplace (city or place) (State or Country) <u>Russau</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm work</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House wife</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother <u>7</u> (At time of this birth and including this child) <u>7</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, <u>Presumably due to</u> { months <u>9</u> period of gestation <u>Doyle's Melitus</u> or weeks		30. Cause of stillbirth <u>Diabetes</u> Before labor <u>Yes, several days</u> <u>mother</u> During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>2:38</u> p.m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>J.H. Reynolds</u> M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Emmett Idaho</u>	
Registrar, _____		Filed <u>5-19-</u> 1937 <u>J.H. Reynolds</u> Registrar, _____	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6Registration District No. 6

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Larry Young

(a) Residence, No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Still-born

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmett Idaho

MOTHER FATHER

13. NAME Walter B Young

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Theresa

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) Mrs Webb

18. BURIAL, CREMATION OR REMOVAL

Place Emmett, Ida Date May 20, 1937

19. UNDERTAKER (Address) C D Buckner

20. FILED May 20, 1937

J. L. Reynolds
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 104596Local Registrar's No. 206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born baby
Possibly died 10 days
before delivery
Other contributory causes of importance:
Mother is diabetic
we know of no other
cause

Name of operation none Date of ✓

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. L. Reynolds M. D.(Address) Emmett Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1916

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, must be stated.

1. PLACE OF BIRTH
County of Jefferson
City of St. Louis
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

JUN 14 1937

STATE OF MISSOURI
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255109

Registration District No. 98 State File No. _____

Prim. Registration District No. 2176 Local Registrar's No. 72

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth 6 9 1937 (Month, Day, Year)

9. Full name Walter H. Beck FATHER
10. Residence (usual place of abode) Black/mt Ida
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 17 (years)
13. Birthplace (city or place) Black/mt Ida
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common. Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work now
17. Total time (years) spent in this work 1

18. Full maiden name Ruth B. Beck MOTHER
19. Residence (usual place of abode) Black/mt Ida
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 15 (years)
22. Birthplace (city or place) Russ Gdch
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. has
25. Date (month and year) last engaged in this work now
26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 39 { months or weeks _____ 30. Cause of Stillbirth diff. { During labor yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 11-20 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) BA Russ, M. D.

or _____, Midwife

Address Reuby Gdch

Filed JUN 10 1937, 1937 AB Beckersell
Registrar.

Registrar.

1 JUL 1951

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

DATE: [illegible]
TIME: [illegible]
PLACE: [illegible]

1. [illegible]
2. [illegible]
3. [illegible]

4. [illegible]
5. [illegible]
6. [illegible]

7. [illegible]
8. [illegible]
9. [illegible]

10. [illegible]
11. [illegible]
12. [illegible]

13. [illegible]
14. [illegible]
15. [illegible]

16. [illegible]
17. [illegible]
18. [illegible]

19. [illegible]
20. [illegible]
21. [illegible]

22. [illegible]
23. [illegible]
24. [illegible]

25. [illegible]
26. [illegible]
27. [illegible]

28. [illegible]
29. [illegible]
30. [illegible]

N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Richby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 14 1937

Registration District No. 98Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 104617Local Registrar's No. 27

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Peck

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Richby
(State or country) Idaho

13. NAME Walter Peck

14. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

15. MAIDEN NAME Bertha Sweet

16. BIRTHPLACE (city or town) Ririe
(State or country) Idaho

17. INFORMANT Jim B. Sweet
(Address) _____

18. BURIAL, CREMATION OR REMOVAL
Place Ririe, Idaho Date June 11, 1937

19. UNDERTAKER None
(Address) _____

20. FILED June 10, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9, 1937

22. I HEREBY CERTIFY That I attended deceased from 6-9-, 1937, to _____, 1937.

I last saw him alive on _____ 1937: death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Still Born
by suffocation

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify: _____

(Signed) W. B. Barker, M. D.(Address) Richby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH S255124	
County of <u>Boatsen</u> City of <u>Post Falls</u>		RECEIVED JUN 7 1937		Registration District No. <u>32</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1050</u>		Local Registrar's No. <u>102</u>	
2. FULL NAME OF CHILD <u>Stillborn baby</u>					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature <u>No</u> Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 12, 1937</u> (Month, Day, Year)
9. Full name FATHER <u>William Jennings Tryon</u>			18. Full maiden name MOTHER <u>Sarah Jolley</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>		
11. Color or race <u>White</u>			12. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Hot Springs, South Dak.</u>			22. Birthplace (city or place) (State or Country) <u>Omaha, Nebraska</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Runs wood saw</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Lumbering</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>May 11, 1937</u>			25. Date (month and year) last engaged in this work <u>May 11, 1937</u>	
17. Total time (years) spent in this work <u>1 year</u>		26. Total time (years) spent in this work <u>15 years</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9 months</u>		{ months or weeks		30. Cause of Stillbirth _____ { During labor <u>Clampin</u> Before labor <u>1 mother</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

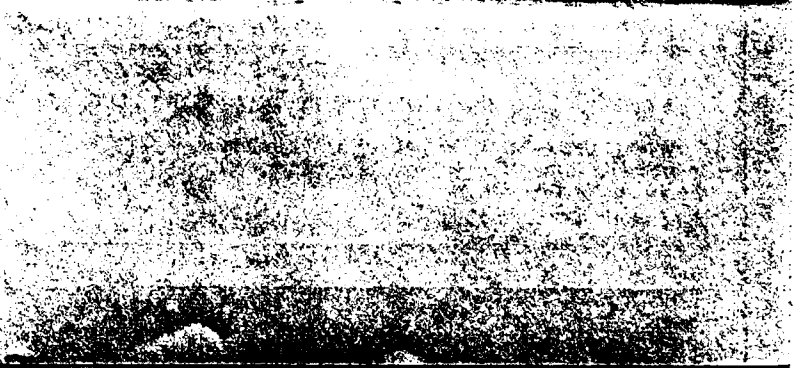
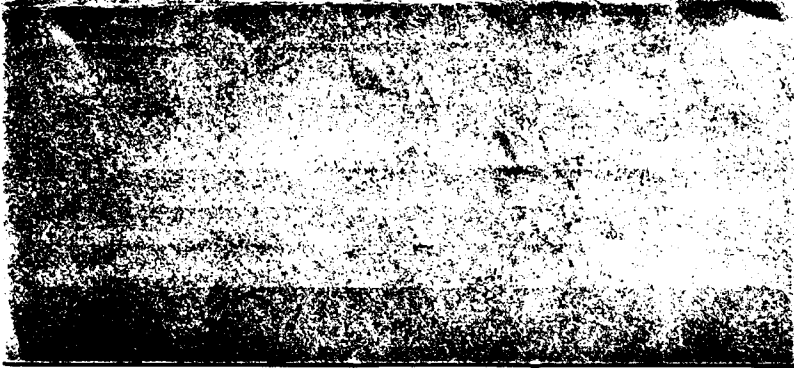
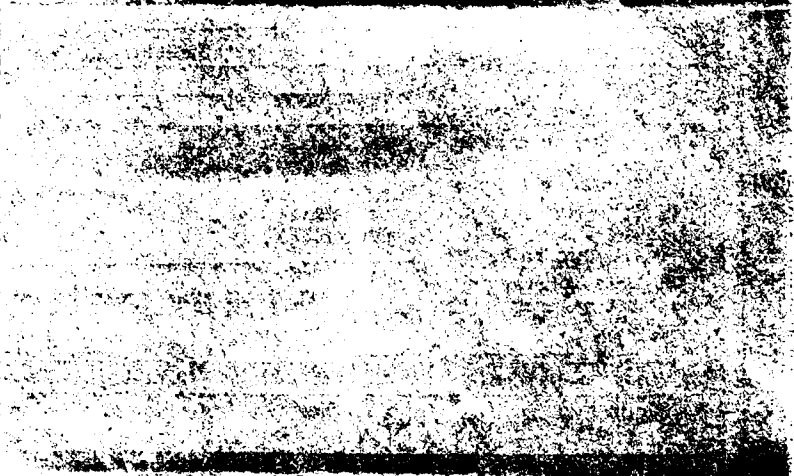
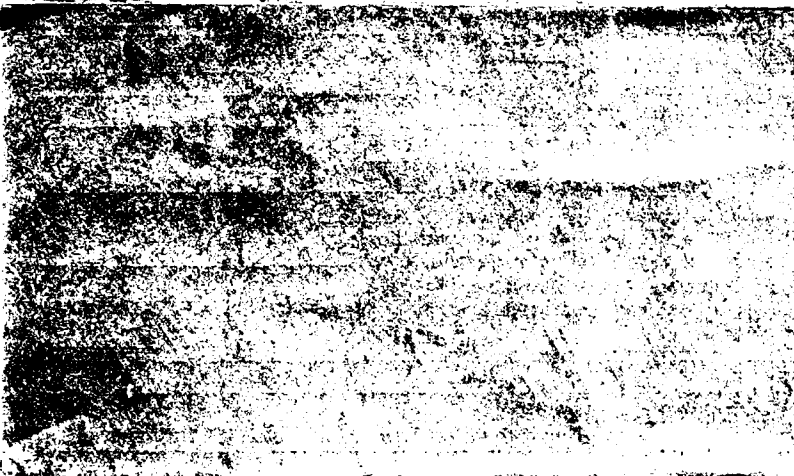
or _____

Address _____

Filed _____

Dr. J. J. Harning
Post Falls, Idaho
May 13, 1937

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Rootenai</u>		CERTIFICATE OF DEATH		State File No. <u>104627</u>	
City of <u>Post Falls, Ida.</u>		Registration District No. <u>30</u>		Local Registrar's No. <u>87</u>	
JUN 7 - 1937		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn baby Ira Joan Ryan</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 12, 1937</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day, _____ hrs. _____ min.			
<u>Stillbirth</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Post Falls, Ida.</u>					
MOTHER	13. NAME <u>Mrs. Jennings Ryan</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Post Falls, Ida.</u>				
	15. MAIDEN NAME <u>Sarah Jolley</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Post Falls, Ida.</u>				
FATHER	17. INFORMANT (Address) <u>Mr. J. J. Ryan</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Coeur d'Alene</u> Date <u>5-16, 1937</u>				
19. UNDERTAKER <u>Coeur d'Alene Funeral Home</u> (Address) <u>Coeur d'Alene, Idaho</u>					
20. FILED <u>May 20, 1937</u> <u>Dr. J. G. Hanning</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 12, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillbirth</u> , 1937, to <u>Stillbirth</u> , 1937.					
I last saw him alive on <u>Stillbirth</u> , 1937; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u>					
Other contributory causes of importance: _____					
Name of operation <u>Fetus was induced</u> Date of <u>May 12, 1937</u>					
What test confirmed diagnosis <u>Placental</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937.					
Where did injury occur? (Specify city or town, county, and State) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>J. G. Hanning</u> , M. D.					
(Address) <u>Post Falls, Ida.</u>					

1952

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of Moscow
No. 2275 Ashby St.

(If born in hospital or institution give name.)

JUN 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

255173

Registration District No. 61 State File No. _____Prim. Registration District No. 1011 Local Registrar's No. 423

2. FULL NAME OF CHILD

Baby Hill Stillborn

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>5-27</u> , 193 <u>7</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term <input checked="" type="checkbox"/>		

9. Full name FATHER Oliver B. Hill
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
11. Color or race W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radiationist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug Store
16. Date (month and year) last engaged in this work Present, 1937
17. Total time (years) spent in this work 6 yrs

18. Full maiden name MOTHER Evelyn Ida Lince
19. Residence (usual place of abode) (If non-resident, give place and state) Moscow, Idaho
20. Color or race W 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Washington

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Present, 1937
26. Total time (years) spent in this work 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth had been dead 2 to 3 weeks Before labor ☒ During labor ☐

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 p. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed) Harry Emhouse, M. D.

or _____ Midwife

Address Moscow, IdahoFiled 6-10, 1937 Harry Emhouse Registrar.

Registrar.

110 DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 255264

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston Idaho
No. St Joseph's Hospital St. Registration District No. 1009 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Myrtle Alice Moore

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth 5-13, 1937
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER John Marshall Moore 18. Full maiden name MOTHER Lola Flores

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho

11. Color or race W 12. Age at last birthday 34 (years) 20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Ligonier Ill 22. Birthplace (city or place) (State or Country) LaGrande Ore

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks _____ 30. Cause of Stillbirth { During labor yes Before labor _____
Placenta abruptio

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead 5:56 at 2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Paul G. Henry, M. D.
or _____, Midwife

Address Lewiston Idaho

Filed June 9, 1937 M. W. Custer
Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 104679	
County of <u>Mayhew</u>		Registration District No. <u>1009</u>			
City of <u>Reverton</u>		Primary Registration District No. <u>94</u>		Local Registrar's No. <u>837</u>	
(No. <u>St Joseph Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Myrtle Alice Moore</u>					
(a) Residence. No. <u>1512-12th</u> St. _____					
(Usual place of abode) _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 13th 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Reverton</u> (State or country) <u>Idaho</u>					
13. NAME <u>John Marshall Moore</u>					
14. BIRTHPLACE (city or town) <u>Logansport</u> (State or country) <u>Indiana</u>					
15. MAIDEN NAME <u>Lola Ruby Flores</u>					
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) _____					
17. INFORMANT <u>M. Moore</u> (Address) <u>Reverton Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Reverton Idaho</u> Date <u>May 14th 1937</u>					
19. UNDERTAKER <u>Brown - Wagon Co</u> (Address) <u>Reverton Idaho</u>					
20. FILED <u>June 11, 1937</u> <u>M. H. Caskey</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 13th 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5/13</u> , 1937, to <u>5/13</u> , 1937					
I last saw h. alive on <u>5/13</u> , 1937: death is said to have occurred on the date stated above, at _____ in.					
The principal cause of death and related causes of importance were as follows: <u>ruptured placenta</u>					
Other contributory causes of importance: <u>Stillborn</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury. _____					
Nature of injury. _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>Darby H. H. M. D.</u>					
(Address) <u>Reverton Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1916

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
 County of Shoshone
 City of Wallace
 No. Providence St.
 (If born in hospital or institution give name.)

RECEIVED
 JUN 12 1937

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 255331**

Registration District No. 70 State File No. _____
 Prim. Registration District No. 1011 Local Registrar's No. 87

2. FULL NAME OF CHILD

Still born infant girl of Mr. & Mrs. Johnson

3. Sex g If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature X Full term _____ 7. Legitimate? yes 8. Date of birth May 30, 1937
 (MONTH, DAY, YEAR)

9. Full name FATHER Arthur Walter Johnson

18. Full maiden name MOTHER Gladys Joy Harbaugh

10. Residence (usual place of abode) Wallace
 (If non-resident, give place and State)

19. Residence (usual place of abode) Wallace
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 34 (years)

20. Color or race W 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Washington
 (State or country)

22. Birthplace (city or place) Kellogg Idaho
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother 6
 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, 8 1/2 months { Unknown - dead probably 1 week when labor Before labor X
 period of gestation _____ or weeks 29. Cause of stillbirth was induced at impending delivery During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 p. m. on the date above stated.
 (BORN ALIVE OR STILLBORN)
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
 (Signed) James R. Bean, M. D.
 or Wallace, Midwife

Give name added from a supplemental report _____
 (DATE OF) _____

Address _____
 Filed June 4, 1937 John B. Burr
 Registrar.

Registrar.

CERTIFICATE OF BIRTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

<p>1. Name of child (Last, first, middle)</p>		<p>2. Sex (Male or Female)</p>	
<p>3. Date of birth (Month, day, year)</p>		<p>4. Time of birth (Hour, minute)</p>	
<p>5. Place of birth (City, town, village, or hamlet)</p>		<p>6. Name of mother (Last, first, middle)</p>	
<p>7. Name of father (Last, first, middle)</p>		<p>8. Date of marriage (Month, day, year)</p>	
<p>9. Name of mother (Last, first, middle)</p>		<p>10. Name of father (Last, first, middle)</p>	
<p>11. Date of birth (Month, day, year)</p>		<p>12. Date of birth (Month, day, year)</p>	
<p>13. Date of birth (Month, day, year)</p>		<p>14. Date of birth (Month, day, year)</p>	
<p>15. Date of birth (Month, day, year)</p>		<p>16. Date of birth (Month, day, year)</p>	
<p>17. Date of birth (Month, day, year)</p>		<p>18. Date of birth (Month, day, year)</p>	
<p>19. Date of birth (Month, day, year)</p>		<p>20. Date of birth (Month, day, year)</p>	
<p>21. Date of birth (Month, day, year)</p>		<p>22. Date of birth (Month, day, year)</p>	
<p>23. Date of birth (Month, day, year)</p>		<p>24. Date of birth (Month, day, year)</p>	
<p>25. Date of birth (Month, day, year)</p>		<p>26. Date of birth (Month, day, year)</p>	
<p>27. Date of birth (Month, day, year)</p>		<p>28. Date of birth (Month, day, year)</p>	
<p>29. Date of birth (Month, day, year)</p>		<p>30. Date of birth (Month, day, year)</p>	
<p>31. Date of birth (Month, day, year)</p>		<p>32. Date of birth (Month, day, year)</p>	
<p>33. Date of birth (Month, day, year)</p>		<p>34. Date of birth (Month, day, year)</p>	
<p>35. Date of birth (Month, day, year)</p>		<p>36. Date of birth (Month, day, year)</p>	
<p>37. Date of birth (Month, day, year)</p>		<p>38. Date of birth (Month, day, year)</p>	
<p>39. Date of birth (Month, day, year)</p>		<p>40. Date of birth (Month, day, year)</p>	
<p>41. Date of birth (Month, day, year)</p>		<p>42. Date of birth (Month, day, year)</p>	
<p>43. Date of birth (Month, day, year)</p>		<p>44. Date of birth (Month, day, year)</p>	
<p>45. Date of birth (Month, day, year)</p>		<p>46. Date of birth (Month, day, year)</p>	
<p>47. Date of birth (Month, day, year)</p>		<p>48. Date of birth (Month, day, year)</p>	
<p>49. Date of birth (Month, day, year)</p>		<p>50. Date of birth (Month, day, year)</p>	
<p>51. Date of birth (Month, day, year)</p>		<p>52. Date of birth (Month, day, year)</p>	
<p>53. Date of birth (Month, day, year)</p>		<p>54. Date of birth (Month, day, year)</p>	
<p>55. Date of birth (Month, day, year)</p>		<p>56. Date of birth (Month, day, year)</p>	
<p>57. Date of birth (Month, day, year)</p>		<p>58. Date of birth (Month, day, year)</p>	
<p>59. Date of birth (Month, day, year)</p>		<p>60. Date of birth (Month, day, year)</p>	
<p>61. Date of birth (Month, day, year)</p>		<p>62. Date of birth (Month, day, year)</p>	
<p>63. Date of birth (Month, day, year)</p>		<p>64. Date of birth (Month, day, year)</p>	
<p>65. Date of birth (Month, day, year)</p>		<p>66. Date of birth (Month, day, year)</p>	
<p>67. Date of birth (Month, day, year)</p>		<p>68. Date of birth (Month, day, year)</p>	
<p>69. Date of birth (Month, day, year)</p>		<p>70. Date of birth (Month, day, year)</p>	
<p>71. Date of birth (Month, day, year)</p>		<p>72. Date of birth (Month, day, year)</p>	
<p>73. Date of birth (Month, day, year)</p>		<p>74. Date of birth (Month, day, year)</p>	
<p>75. Date of birth (Month, day, year)</p>		<p>76. Date of birth (Month, day, year)</p>	
<p>77. Date of birth (Month, day, year)</p>		<p>78. Date of birth (Month, day, year)</p>	
<p>79. Date of birth (Month, day, year)</p>		<p>80. Date of birth (Month, day, year)</p>	
<p>81. Date of birth (Month, day, year)</p>		<p>82. Date of birth (Month, day, year)</p>	
<p>83. Date of birth (Month, day, year)</p>		<p>84. Date of birth (Month, day, year)</p>	
<p>85. Date of birth (Month, day, year)</p>		<p>86. Date of birth (Month, day, year)</p>	
<p>87. Date of birth (Month, day, year)</p>		<p>88. Date of birth (Month, day, year)</p>	
<p>89. Date of birth (Month, day, year)</p>		<p>90. Date of birth (Month, day, year)</p>	
<p>91. Date of birth (Month, day, year)</p>		<p>92. Date of birth (Month, day, year)</p>	
<p>93. Date of birth (Month, day, year)</p>		<p>94. Date of birth (Month, day, year)</p>	
<p>95. Date of birth (Month, day, year)</p>		<p>96. Date of birth (Month, day, year)</p>	
<p>97. Date of birth (Month, day, year)</p>		<p>98. Date of birth (Month, day, year)</p>	
<p>99. Date of birth (Month, day, year)</p>		<p>100. Date of birth (Month, day, year)</p>	

RECEIVED 1914-1-10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 104705

Registration District No. 70

Primary Registration District No. 101

Local Registrar's No. 75

(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant daughter of Mrs. Arthur E. Johnson

(a) Residence. No. Wallace, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color & Race white 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 30 1937

7. AGE Years Months Days still born 8. LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wallace, Ida (State or country)

13. NAME Arthur E. Johnson

14. BIRTHPLACE (city or town) Shiel (State or country) Washington

15. MAIDEN NAME Gladys Guffey Traugh

16. BIRTHPLACE (city or town) Kellogg (State or country) Idaho

17. INFORMANT Arthur E. Johnson (Address) Wallace, Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Date June 3 1937

19. UNDERTAKER Blumertell (Address) Wallace, Ida

20. FILED June 4 1937 John Ewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 30 1937

22. HEREBY CERTIFY, That I attended deceased from May 30 1937, to May 30 1937

I last saw him alive on 1937; death is said

to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Still born

(dead about 1 wk 8 mos fetus)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If specify _____

(Signed) James R. Brown M. D.

(Address) Wallace

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1924
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 255342

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St. _____

Registration District No. 123 State File No. _____

(If born in hospital or institution give name.) Wardner Hospital
Prim. Registration District No. 2201 Local Registrar's No. 68

2. FULL NAME OF CHILD Baby Boy Brown - Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth May 9, 1937 (Month, Day, Year)

9. Full name Brown, Robert E. FATHER 18. Full maiden name Teller, Jane J. MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida

11. Color or race W. 12. Age at last birthday 29 (years) 20. Color or race W. 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Winnemucca, Nevada 22. Birthplace (city or place) (State or Country) Boise, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% AgNO3

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks _____ 30. Cause of Stillbirth _____ { During labor yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:00 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Harold T. Anderson M. D.

Give name added from a supplemental report _____ or _____, Midwife

(Date of) _____ Address _____

Filed June 9, 1937 Tom Helen McBride Registrar.

Registrar.

Registrar.

822345

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20530

UNITED STATES OF AMERICA

1964

THE UNITED STATES OF AMERICA
VS.
JOHN EDGAR HOOVER
Defendant

Indictment

JOHN EDGAR HOOVER
Defendant

1964

1964

1964

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 104713	
County of <u>Shoshone</u>	City of <u>Hellevy</u>	Registration District No. <u>123</u>	Primary Registration District No. <u>2201</u>	Local Registrar's No. <u>532</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Betty Brown</u>					
(a) Residence. No. _____			St. _____		
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M.</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>May 9, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Hellevy, Idaho</u>					
MOTHER/FATHER	13. NAME <u>Robert Brown</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Nevada</u>				
	15. MAIDEN NAME <u>Jane Miller</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Boise, Idaho</u>				
17. INFORMANT (Address) <u>Robert Brown, Hellevy, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Hellevy, Idaho</u> , Date <u>May 11, 1937</u>					
19. UNDERTAKER (Address) <u>W. P. Thornberg, Hellevy, Idaho</u>					
20. FILED <u>June 9, 1937</u> <u>Mr. John M. Bird</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 9, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stroke</u>					Date of onset <u>5-9-37</u>
<u>Difficult Labor</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Harold Anderson, M. D.</u>					
(Address) <u>Hellevy, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related Date of onset
causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[Handwritten signature]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 255390

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls

No. County General Hospital Registration District No. 37 State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. 2085 Local Registrar's No. 274

2. FULL NAME OF CHILD Stillborn Lancaster

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other <u>0</u>	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>5-16</u> 19 <u>37</u> (Month, Day, Year)
		5. Number, in order of birth <u>0</u>	Full term <u>Yes</u>		

9. Full name <u>Yes. Alvie Lancaster</u>	FATHER	18. Full maiden name <u>Estella Joann Brackenbury</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Filer, Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Filer, Ida</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>37</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>19</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>New Mexico</u>	22. Birthplace (city or place) (State or Country) <u>Almo, Idaho</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>works out</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
---	--

16. Date (month and year) last engaged in this work <u>5-15</u> 19 <u>37</u>	17. Total time (years) spent in this work <u>10 yrs</u>	25. Date (month and year) last engaged in this work <u>5-15</u> 19 <u>37</u>	26. Total time (years) spent in this work <u>8 mo</u>
---	---	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation <u>9 mon.</u> { months or weeks	30. Cause of stillbirth <u>long & difficult labor</u> { Before labor. During labor. <u>Yes</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) A. A. Drake, M. D.

or _____ Midwife

Address Twin Falls, Ida

Filed June 8 1937

Registrar.

1000000

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Lincoln</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>104731</u>	
City of <u>Lincoln</u>		BUREAU OF VITAL STATISTICS			
CERTIFICATE OF DEATH					
Registration District No. <u>Hospital</u>				Local Registrar's No. <u>118</u>	
Primary Registration District No. <u>2085</u>					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>George Lancaster</u>					
(a) Residence No. <u>Filer</u> St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. <input checked="" type="checkbox"/> married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Still Born</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) _____ (State or country)					
13. NAME <u>George Lancaster</u>					
14. BIRTHPLACE (city or town) _____ (State or country)					
15. MAIDEN NAME <u>Stella Brooks</u>					
16. BIRTHPLACE (city or town) _____ (State or country)					
17. INFORMANT <u>Geo. Lancaster</u> (Address) <u>Filer</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Filer</u> Date <u>May 16 1937</u>					
19. UNDERTAKER <u>Fred E. Baker</u> (Address) <u>Lincoln</u>					
20. FILED <u>570</u> , 1937 <u>7</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>5-16 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5-16 1937</u> to <u>5-16</u> , 1937.					
I last saw him <u>at home</u> 1937: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____ 1937.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Dr. E. Baker</u> M. D.					
(Address) _____					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: **Date of onset**

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Donney
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 255540**

JUL 10 1937

(If born in hospital or institution give name.)

Registration District No. 83 State File No. _____
Prim. Registration District No. 2100 Local Registrar's No. 83

2. FULL NAME OF CHILD Stellborn

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 22 1937</u> (Month, Day, Year)
-------------------------	--	--	---------------------------	--

9. Full name FATHER Elvin Russel Christensen
10. Residence (usual place of abode)
(If non-resident, give place and State) Donney
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Donney Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____
19. _____

18. Full maiden name MOTHER Jone Jensen
19. Residence (usual place of abode)
(If non-resident, give place and State) Donney
20. Color or race W 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Logan Utah
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____
19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation { months or weeks _____ }
30. Cause of Stillbirth { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 pm. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Mrs. A. B. Anderson M. D.
or Mrs. A. B. Anderson Midwife
Address Donney Idaho
Filed June 28 1937 Mary P. Poffin Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Boise
No. 11 Anthony St.
Hospital
(If born in hospital or institution give name.)

JUL 15 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 255592

Registration District No. 28 State File No. 2161

Local Registrar's No. 2142

2. FULL NAME OF CHILD

Still born

Remin

3. Sex male If plural births { 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature ☒ Full term _____ 7. Legitimate? yes 8. Date of birth June 25, 1937 (Month, Day, Year)

9. Full name FATHER Audie Franklin Lewis

10. Residence (usual place of abode) (If non-resident, give place and State) Route 7 Crested Butte

11. Color or race W. 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Crystall North Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work July, 1927 17. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8 Mo. { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) W. W. Brothers, M. D.

or _____, Midwife

Address Boise, Idaho

Filed _____, 1937

Registrar.

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

IN SENATE,
JANUARY 10, 1906.

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE
FOR THE YEAR 1905.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1906.

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

IN SENATE,
JANUARY 10, 1906.

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

IN SENATE,
JANUARY 10, 1906.

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OF THE
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THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

IN SENATE,
JANUARY 10, 1906.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH				State File No. 105237			
City of	Pocatello	Registration District No. 28				Local Registrar's No. 1005			
JUL 6 - 1937		Primary Registration District No. 2161				(No. Saint Anthony's Hospital)			
		(If death occurred in a hospital or institution, give its name instead of street and number)							
2. FULL NAME		Infant Lewis							
(a) Residence. No.		Pocatello, Idaho.				St.			
		(Usual place of abode)				(If nonresident give city or town and state)			
Length of residence in city or town where death occurred		None mos. da.				How long in U. S., if of foreign birth? yrs. mos. da.			
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)							
M.	White	Single							
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year)									
June 25, 1937									
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.					
Still-Born		none							
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.			None					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Infant					
	10. Date deceased last worked at this occupation (mo. and yr.)			11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)									
Pocatello, Idaho.									
MOTHER	13. NAME			Audie Lewis					
	14. BIRTHPLACE (city or town) (State or country)			North Carolina.					
	15. MAIDEN NAME			Roxie Stevens					
	16. BIRTHPLACE (city or town) (State or country)			Boise, Idaho.					
17. INFORMANT (Address)									
Audie Lewis, Pocatello, Idaho.									
18. BURIAL, CREMATION OR REMOVAL Place									
Pocatello, Idaho. Date June 26, 1937.									
19. UNDERTAKER (Address)									
Arthur W. Hall Mortuary, Pocatello, Idaho.									
20. FILED June 26, 1937. D C Ray Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day and year) June 25, 1937.									
22. I HEREBY CERTIFY That I attended deceased from June 23, 1937, to June 25, 1937.									
I last saw him alive on June 23, 1937; death is said to have occurred on the date stated above, at Pocatello, Idaho.									
The principal cause of death and related causes of importance were as follows:									
Stillborn									
Asphyxia cord									
Other contributory causes of importance:									
Name of operation									
What test confirmed diagnosis? What was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1937.									
Where did injury occur? (Specify city or town, county, and state)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.									
(Signed) D C Ray, Registrar.									
(Address) Pocatello, Idaho.									

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 255788

1. PLACE OF BIRTH
County of Boundary
City of Boomer, Idaho
No. Boomer, Idaho St. Idaho

Registration District No. 79 State File No. 2

(If born in hospital or institution give name.) Prim. Registration District No. 2156 Local Registrar's No.

2. FULL NAME OF CHILD Baby Brocklow - Still born

3. Sex M. If plural births { 4. Twin, triplet, or other Twins 5. Number, in order of birth 2 6. Premature no 7. Legitimate? yes 8. Date of birth June 15, 1937 (Month, Day, Year)

9. Full name FATHER Raymond Morton Brocklow 18. Full maiden name MOTHER Alora Louise Pruitt

10. Residence (usual place of abode) (If non-resident, give place and State) Boomer, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Boomer, Idaho

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) South Dakota 22. Birthplace (city or place) (State or Country) Glad, Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. nurse & housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. restaurant 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. private home

16. Date (month and year) last engaged in this work June, 1937 17. Total time (years) spent in this work 2 yrs 25. Date (month and year) last engaged in this work June 15, 1937 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 mos months or weeks { 30. Cause of stillbirth Injury before labor Before labor unknown During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

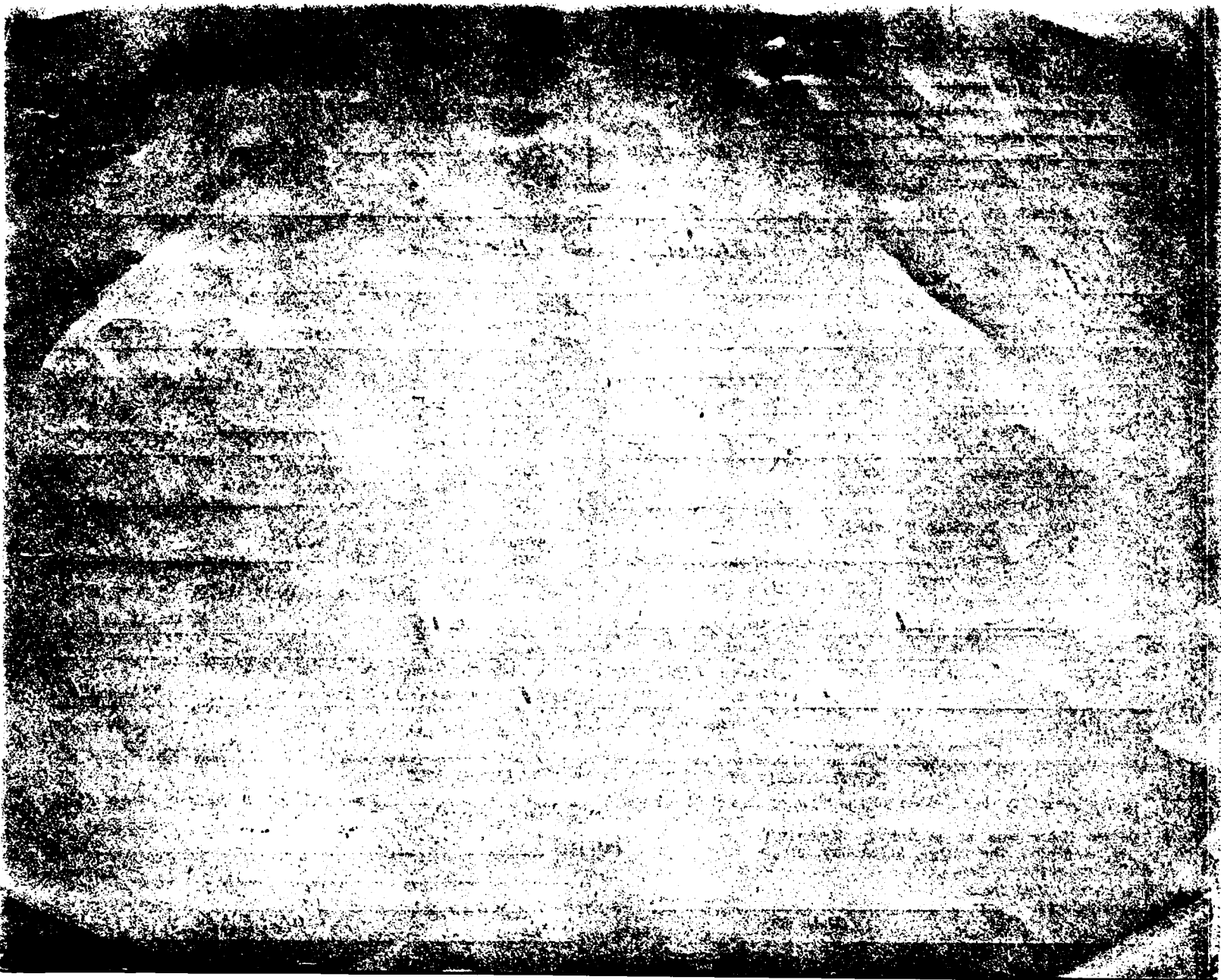
I hereby certify that I attended the birth of this child, who was stillborn at 12:30 P m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) E. H. Moore, M. D.

Give name added from a supplemental report Boomer, Idaho Address Boomer, Idaho Filed June 26, 1937 Registrar Paul Bowley

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary
City of Bonanza Ferry
RECEIVED

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonanza Ferry Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)Local Registrar's No. 2062. FULL NAME Baby Coatslow(a) Residence. No. Bonanza Ferry Hospital St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. Color or Race <u>w</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>		
6. DATE OF BIRTH (month, day, and year) <u>June 25 1937</u>		
7. AGE	Years <u>0</u>	Months <u>0</u> Days <u>0</u>
If LESS than 1 day... Hrs. or ... min. <u>0</u>		
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.) <u></u>		
11. Total time (years) spent in this occupation <u></u>		

12. BIRTHPLACE (city or town) Bonanza Ferry, Idaho
(State or country)13. NAME Raymond Coatslow14. BIRTHPLACE (city or town) North Dakota
(State or country)15. MAIDEN NAME Dora Pruitt16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT Blanche Pruitt
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Gruntt Farm Date 6/26 193719. UNDERTAKER Wm Pruitt
(Address) Bonanza Ferry Idaho20. FILED 6/26 1937 C. M. Bowdell
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 104920

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/25 193722. I HEREBY CERTIFY, That I attended deceased from birth, 193...., to , 193....I last saw h... alive on , 193....; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Complication of PregnancyName of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193....Where did injury occur?
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) W. M. Bowdell M. D.
(Address) Bonanza Ferry Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

255862

RECEIVED

STATE OF IDAHO -
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs, Idaho
No. St. Caribou County Hospital Registration District No. 82 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2-159 Local Registrar's No. 2-1

2. FULL NAME OF CHILD Baby Bench (Betty Mae)

3. Sex <u>Fe</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature * _____	7. Legiti- Yes _____ mate? _____	8. Date of birth <u>5/8/37</u> , 19 <u>38</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Aaron Kenneth Bench</u>	FATHER	18. Full maiden name <u>Mili Call</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wayan</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wayan</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>25</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or Country) <u>Logan, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Soda Springs, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living I (b) Born alive but now dead _____ (c) Stillborn I

29. If stillborn, period of gestation 7 mo. 2 wks. { months or weeks

30. Cause of Stillbirth *** { During labor Don't know
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 P. on the date above stated.

(Born Alive or Stillborn)

(Signed) Dr. Ellis Kackley, M. D.

or _____, Midwife

Address Soda Springs, Idaho

Filed May 15, 1937, Dr. Russell Ziegler

Registrar.

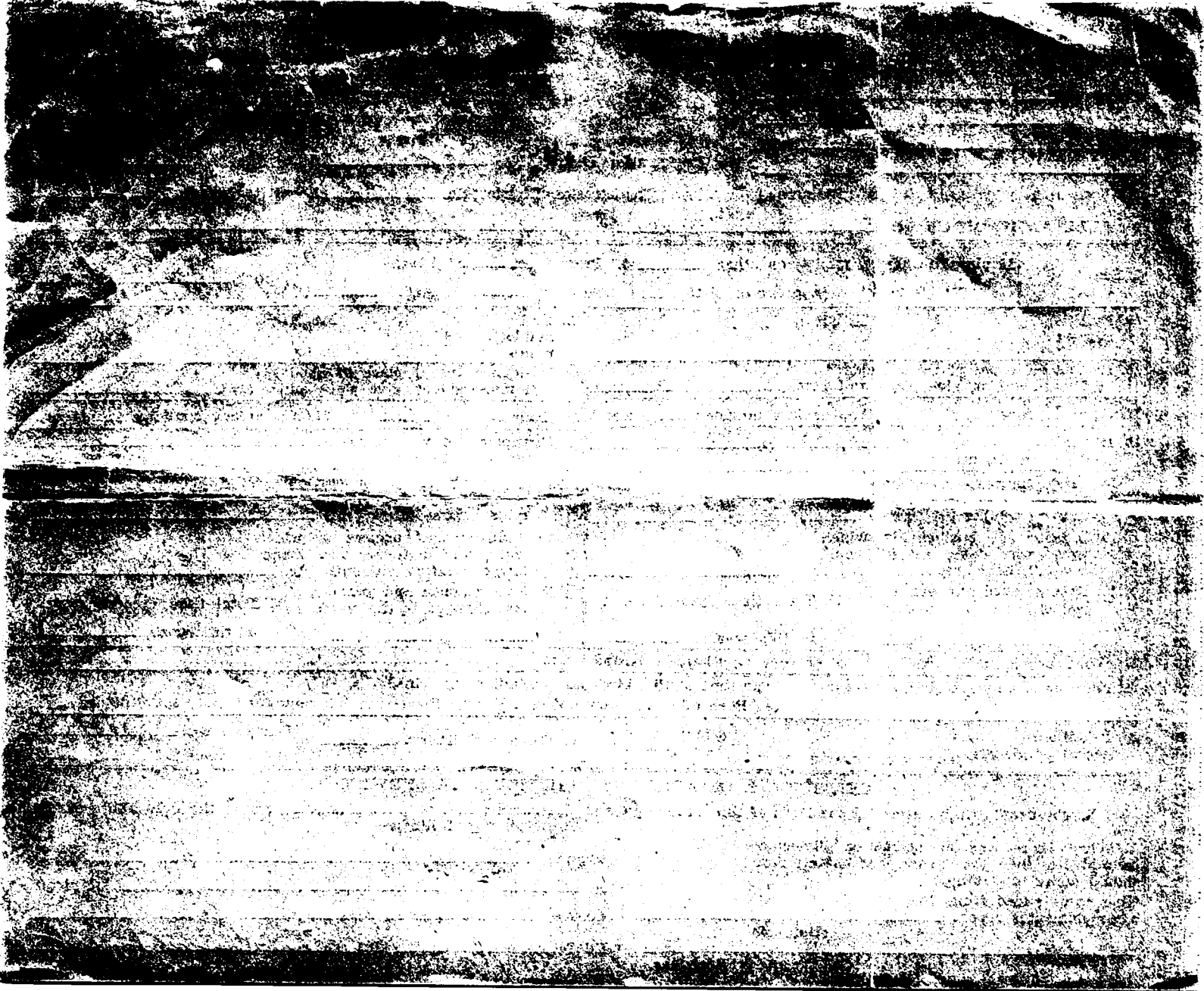
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGI should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Caribou</u>	City of <u>Soda Springs</u>	CERTIFICATE OF DEATH		State File No. <u>104954</u>	
JUN 12 1937		Registration District No. <u>121</u>		Local Registrar's No. <u>16</u>	
Primary Registration District No. <u>2259</u>					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Betty May Beach</u>					
(a) Residence. No. <u>Wayan</u> St. <u>Ida</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>May 8 - 37</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.	
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
8. Trade, profession, occupation, kind of work done, as spinner, sawyer, bookkeeper, etc. <u>baby</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Soda Springs</u> (State or country) <u>Ida</u>					
13. NAME <u>Carroll Kenneth Beach</u>					
14. BIRTHPLACE (city or town) <u>Ida</u> (State or country)					
15. MAIDEN NAME <u>Millie Leally</u>					
16. BIRTHPLACE (city or town) <u>Soda Springs</u> (State or country) <u>Ida</u>					
17. INFORMANT <u>Carroll Kenneth Beach</u> (Address) <u>Wayan, Ida</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Soda Springs</u> Date <u>May 9, 1937</u>					
19. UNDERTAKER <u>G. B. Thompson</u> (Address) <u>Soda Springs, Ida</u>					
20. FILED <u>5-9-37</u> 1937 <u>D. R. Russell</u> Registrar.					
21. DATE OF DEATH (month, day and year) <u>May 8 - 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5/8/37</u> to <u>5/8/37</u> , 193...					
I last saw h... alive on ..., 193...; death is said to have occurred on the date stated above, at ... m.					
The principal cause of death and related causes of importance were as follows:					
Date of onset					
Still born					
Other contributory causes of importance: <u>Premature</u>					
Name of operation... Date of...					
What test confirmed diagnosis?... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?... Date of injury..., 193...					
Where did injury occur?... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury...					
Nature of injury...					
24. Was disease or injury in any way related to occupation of deceased?... If so, specify...					
(Signed) <u>Ellis Kackley</u> M. D.					
(Address) <u>Soda Springs, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

255876

JUL 9 - 1937

1. PLACE OF BIRTH
County of Cassia
City of Burley
No. _____ St. _____

Registration District No. 117 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2196 Local Registrar's No. 107

2. FULL NAME OF CHILD

Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? yes 8. Date of birth 5-17-1937 (Month, Day, Year)

9. Full name FATHER Robt. F. Walters 18. Full maiden name MOTHER Myrl A. Whiteside
10. Residence (usual place of abode) (If non-resident, give place and State) Burley 19. Residence (usual place of abode) (If non-resident, give place and State) Burley
11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Colo 22. Birthplace (city or place) (State or Country) W

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nit.
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living. 0 (b) Born alive but now dead. 0 (c) Stillborn. 1
29. If stillborn, period of gestation. 9 mo { months or weeks _____ 30. Cause of Stillbirth { During labor ☒ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

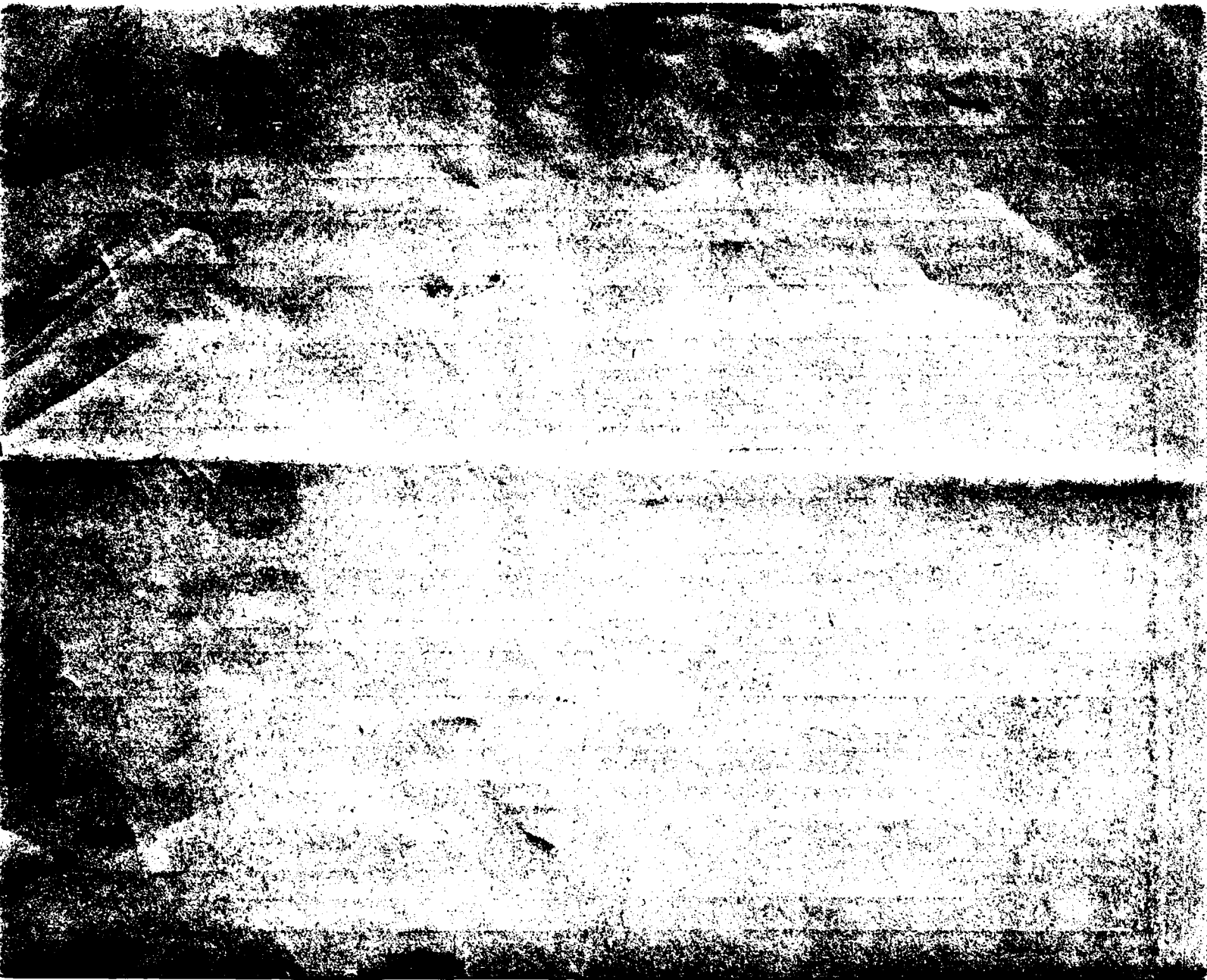
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed July 1, 1937 Laura G. Spracher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 104956Registration District No. 117Primary Registration District No. 2196Local Registrar's No. 38

(If death occurred in a hospital, or institution, give its name instead of street and number)

2. FULL NAME John Franklin Walters(a). Residence No. Burley St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) 5-17-1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley (State or country) _____13. NAME Robert T. Walters14. BIRTHPLACE (city or town) Burley (State or country) _____15. MAIDEN NAME Myrtle Whiteside16. BIRTHPLACE (city or town) Burley (State or country) _____17. INFORMANT Robert T. Walters (Address) Burley

18. BURIAL, CREMATION OR REMOVAL

Place Burley Date 5-18, 193719. UNDERTAKER W. J. L. Lander (Address) Burley20. FILED 5-18, 1937 Laura G. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-17-193722. I HEREBY CERTIFY, That I attended deceased from 5-17, 1937, to 5-17, 1937

I last saw him alive on _____, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

Stillborn
cord 4 inches about neck
circulation cut off during birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. G. Hooper, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Burley Idaho
No. 60142 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 6-6-27 (Month, Day, Year)

9. Full name FATHER Marion Havel Gould 18. Full maiden name MOTHER Lona Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Burley Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Burley Ida

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Monro Idaho 22. Birthplace (city or place) (State or Country) Burley Ida

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife

16. Date (month and year) last engaged in this work now, 19____ 17. Total time (years) spent in this work 9 yrs 25. Date (month and year) last engaged in this work now, 19____ 26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of stillbirth { Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 40 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

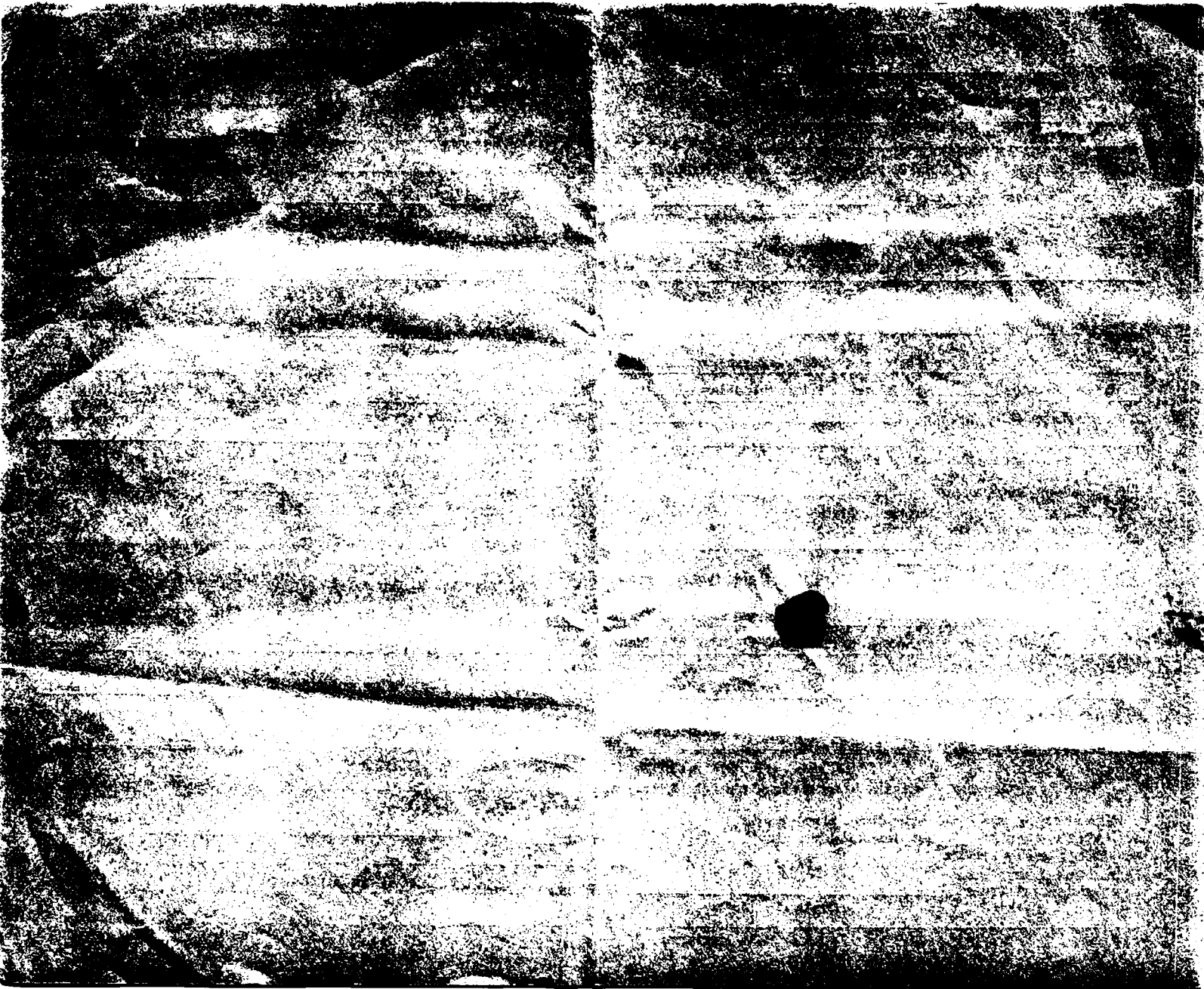
Registrar.

(Signed) Hugh E. Dean, M. D.

or _____, Midwife

Address Burley, Idaho

Filed July 1, 1927 Laura E. Spracher Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Russell
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

104959

State File No.

Registration District No. 117Primary Registration District No. 2196Local Registrar's No. 40

(No. 9-1937)
If death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME Buddy Laald(a) Residence. No. Burley St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 6-5-1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley, Id.
(State or country)13. NAME Maria Laald14. BIRTHPLACE (city or town) Burley, Id.
(State or country)15. MAIDEN NAME Lona Bunch16. BIRTHPLACE (city or town) Burley, Id.
(State or country)17. INFORMANT Maria Laald
(Address) Burley, Id.18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 6-10-193719. UNDERTAKER J. S. Thompson
(Address) Burley, Id.20. FILED June 8, 1937 Laura E. Spraker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 5-193722. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to June 5, 1937.I last saw him alive on June 4, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Suba Chronic AsphyxiaDate of onset June 5-37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Hugh E. Down, M. D.(Address) Burley, Id.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. _____ St. _____
JUL 6 - 1937
Registration District No. 22 State File No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 256039**

(If born in hospital or institution give name.) Prim. Registration District No. 2018 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Boy Scott Stinson

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth Apr 18, 1937
(Month, Day, Year)

9. Full name FLOYD SCOTT FATHER 18. Full maiden name Vera Trout MOTHER

10. Residence (usual place of abode) Wendell, Ida 19. Residence (usual place of abode) Wendell, Ida
(If non-resident, give place and State)

11. Color or race w 12. Age at last birthday 35 (years) 20. Color or race w 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Oklahoma 22. Birthplace (city or place) Wendell, Colo
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) W.A. Pulcin, M. D.

or _____, Midwife

Address Wendell, Ida

Filed May 1, 1937 B.L. Simonson

Registrar.

Registrar.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

105017

1. PLACE OF DEATH

County of GoodingCity of Wendell

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 22Primary Registration District No. 2018(No. 7 St.)

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Baby Boy Scott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

apr 18 1937
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day
how many 0 hrs.
or 0 min.?Yrs. Mos. 0 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Wendell, Idaho

10. NAME OF FATHER

Floyd Scott

11. BIRTHPLACE OF FATHER

(State or Country) Oklahoma

12. MAIDEN NAME OF MOTHER

Vera Troutt

13. BIRTHPLACE OF MOTHER

(State or Country) Pueblo Colo.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. Lloyd Scott(Address) Wendell, Idaho

15.

Filed 4-30-37 C. R. Simonson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

apr 18 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19that I last saw him alive on 19and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Stillborn. Cause unknown

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) W. A. Pughen M. D.apr 18 1937 (Address) Wendell, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wendell, Idaho19

20. UNDERTAKER

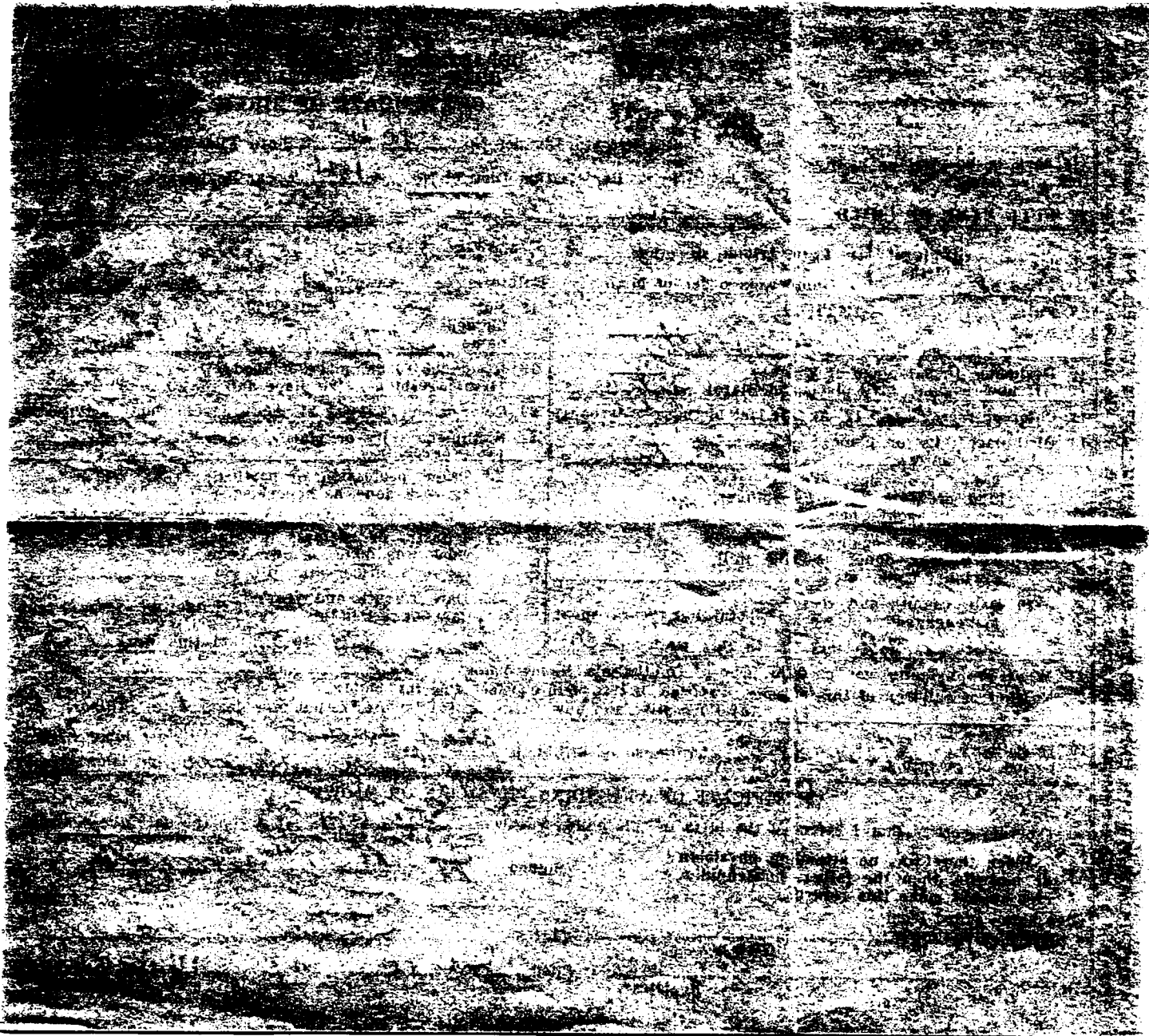
ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of McCall, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

256076

JUL 6 - 1937 District No. 98 State File No. _____

Prim. Registration District No. 2176 Local Registrar's No. 79

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth May 19, 1937
5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER William Moses Clark 18. Full maiden name MOTHER Lillie Roth Weiler

10. Residence (usual place of abode) Menan, Ida 19. Residence (usual place of abode) Menan, Ida
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 40 (years) 20. Color or race white 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Menan, Idaho 22. Birthplace (city or place) Salt Lake City, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House keeping

16. Date (month and year) last engaged in this work May 19, 1937 17. Total time (years) spent in this work Lifetime 25. Date (month and year) last engaged in this work May 19, 1937 26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

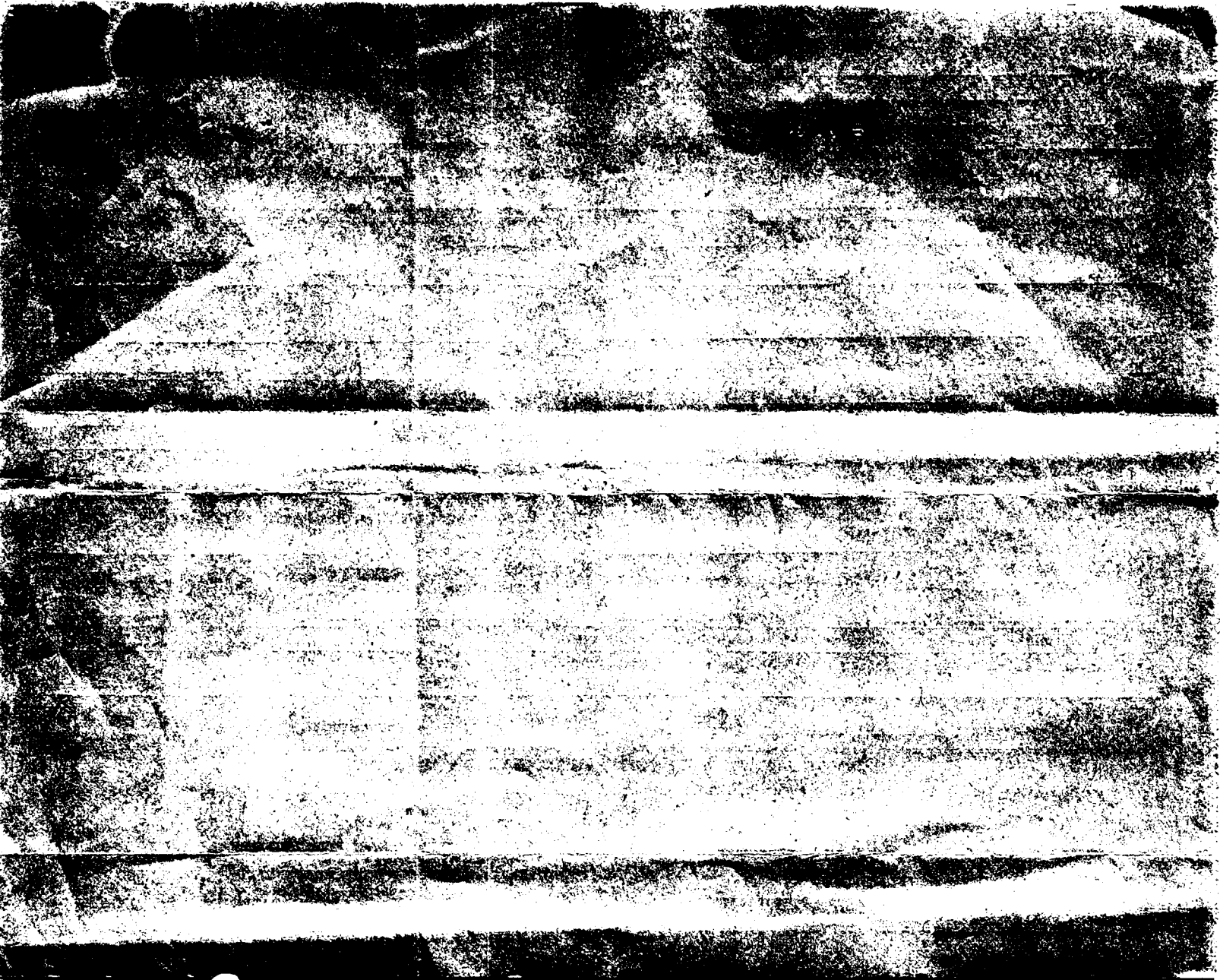
29. If stillborn, period of gestation five months { months or weeks 30. Cause of Stillbirth unknown During labor 10 hours Before labor 10 hours

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 10:50 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) Dr. C. H. Hawley M. D.
or _____ Midwife
Address Roberts, Idaho
Filed JUL 3 - 1937, 193_____
Mrs. A. B. Eckersell Registrar.



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Jefferson</u>	City of <u>Idaho</u>		Registration District No. <u>98</u>		State File No. <u>105033</u>
Primary Registration District No. <u>2176</u>			Local Registrar's No. <u>28</u>		
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn child</u>					
(a) Residence. No. <u> </u> St. <u>Meridian Idaho</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>May - 19 - 1937</u>					
7. AGE Years <u>about 5 1/2</u> Months <u>Mo of gestation</u> Days <u> </u> If LESS than 1 day... hrs. <u> </u> min. <u> </u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u> <u>none</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u> <u>none</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) <u> </u> 11. Total time (years) spent in this occupation <u> </u>				
12. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
FATHER	13. NAME <u>William Moore Clark</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
MOTHER	15. MAIDEN NAME <u>Lillie Bottweiler</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT <u>Wm M. Clark</u> (Address) <u>Meridian, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Meridian, Idaho</u> Date <u>5-19-1937</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>June 17, 1937</u> <u>A. B. Eckert</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 19, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 19, 1937</u> , to <u>May 19, 1937</u> . I last saw him alive on <u>May 19, 1937</u> ; death is said to have occurred on the date stated above, at <u> </u> m. The principal cause of death and related causes of importance were as follows: <u>Stillborn cause undetermined. Dead probably after 14 weeks when delivered.</u>					
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury, 1937. <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so specify <u> </u>					
(Signed) <u>Robert S. Idaho</u> M. D.					
(Address) <u> </u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ALL CASES OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

1. PLACE OF BIRTH
County of Booleman
City of Larrison
No. Edast

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUN 14 1937
CERTIFICATE OF BIRTH S256113

Registration District No. 126 State File No. _____
Prim. Registration District No. 2304 Local Registrar's No. 19

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Grace Alice Meserve

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth Feb 26, 1937
(Month, Day, Year)

9. Full name FATHER Wilbur Oscar Meserve 18. Full maiden name MOTHER Vesta Pearl Potter

10. Residence (usual place of abode) (If non-resident, give place and State) Springtown, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Springtown, Ida.

11. Color or race W 12. Age at last birthday 36 (years) 20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Twistown, Tenn. 22. Birthplace (city or place) (State or Country) Laban, Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19 _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3 children (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn yes

29. If stillborn, period of gestation Three time { months or weeks _____ 30. Cause of Stillbirth fall { During labor _____ Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Still Born) at 7:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

Ruth Connolly (Date of) _____
Registrar.

(Signed) H. Patton, M. D.

or _____ Midwife

Address St. Marias, Idaho

Filed April 19, 1937 Ruth Connolly
Registrar.

NO DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah
City of Moscow
No. R70#1 St. ---

JUN 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 256178**

Registration District No. 61 State File No. ---

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 407

2. FULL NAME OF CHILD

Baby Williams Stillborn

3. Sex Male If plural births --- 4. Twin, triplet, or other --- 6. Premature --- 7. Legitimate? yes 8. Date of birth 5-13, 1937
(MONTH, DAY, YEAR)

9. Full name FATHER

John S. Williams
10. Residence (usual place of abode) R70#1
(If non-resident, give place and State) Moscow

11. Color or race White 12. Age at last birthday 47 (years)

13. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work Present, 19--- 17. Total time (years) spent in this work 27

18. Full maiden name MOTHER

Louise Eckel Crosslock
19. Residence (usual place of abode) R70#1
(If non-resident, give place and state) Moscow

20. Color or race White 21. Age at last birthday 41 (years)

22. Birthplace (city or place) Tennessee
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Present, 19--- 26. Total time (years) spent in this work 18

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks --- 29. Cause of stillbirth could not remember Before labor --- During labor ---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:00 p. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ---

(DATE OF)

(Signed) John S. Williams, M. D.

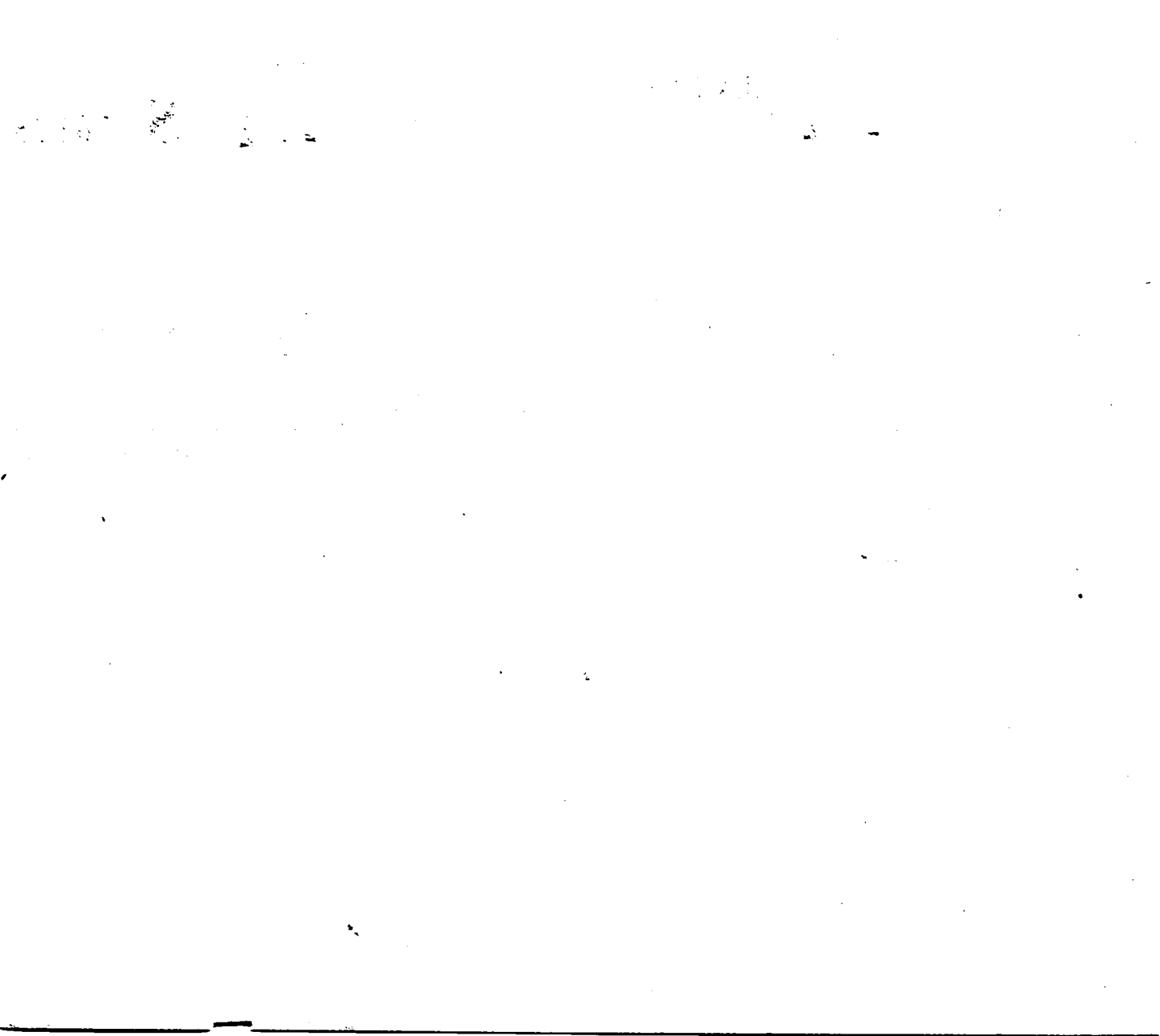
or ---, Midwife

Address Moscow, Idaho

Filed 5-18, 1937 John S. Williams

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah
City of RFD #1 Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105059

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 260

2. FULL NAME Baby Williams (No. RFD #1)
Date of death occurred in a hospital or institution, give its name instead of street and number.

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 13, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or _____ min. born dead

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) RFD #1
(State or country) Moscow, Idaho

13. NAME John S. Williams

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Lonnie Ethel Craddock

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT (Address) John S. Williams

18. BURIAL, CREMATION, OR REMOVAL Place Rural, Moscow Date 5-13, 1937

19. UNDERTAKER none
(Address)

20. FILED 6-25, 1937 John S. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) born dead 5-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1937, to 5-13, 1937.

I last saw him born dead, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cause unknown
unable to resuscitate

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John S. Williams M. D.

(Address) Moscow, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
256255

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)

Registration District No. 1009 State File No. _____
Prim. Registration District No. 26 Local Registrar's No. _____

2. FULL NAME OF CHILD Lovetta Auer

3. Sex Female If plural births { 4. Twin, triplet, or other - 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 6-27, 1937
(Month, Day, Year)

9. Full name FATHER
Leo Wolfcone Auer
10. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Bucman Minnesota
(State or Country)

18. Full maiden name MOTHER
Mary Belvina Wilks
19. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Forest Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stereotyper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper office
16. Date (month and year) last engaged in this work at present, 1937
17. Total time (years) spent in this work three

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work at present, 1937
26. Total time (years) spent in this work two

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO 1%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ONE (b) Born alive but now dead 0 (c) Stillborn ONE
29. If stillborn, period of gestation Five and one half months or weeks
30. Cause of stillbirth { (Before labor) Mother had (During labor) Branchopneumonia

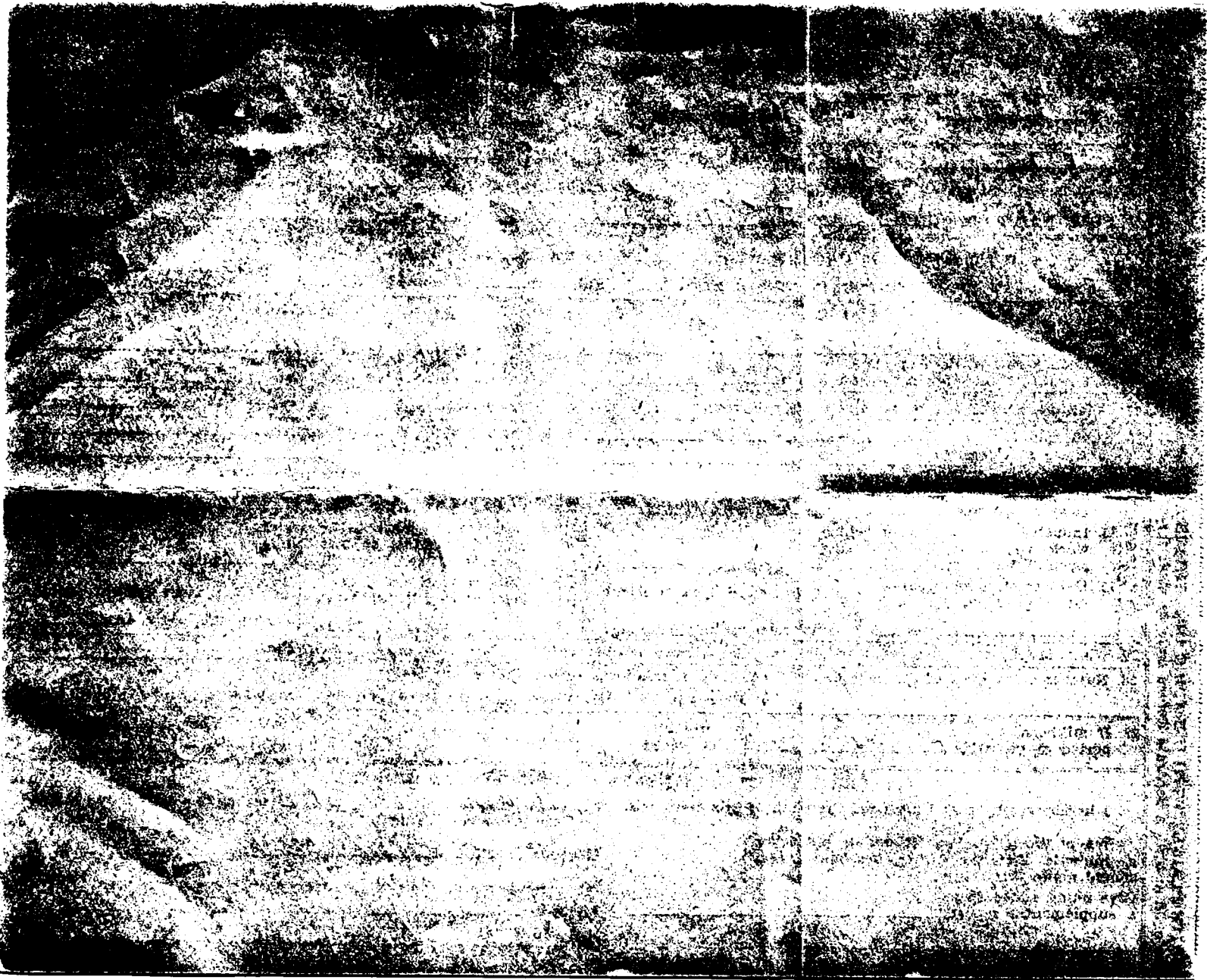
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) M. J. McRae, M. D.
or _____, Midwife
Address Lewiston Idaho
Filed July 8, 1937 M. H. Casky
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
105495
State File No. _____

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 879

(No. St Josephs Hospital)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loretta Auer

(a) Residence. No. Lewiston, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 6/27/37

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

MOTHER/FATHER

13. NAME Leo Auer

14. BIRTHPLACE (city or town) Minn.
(State or country)

15. MAIDEN NAME Mary Wilks

16. BIRTHPLACE (city or town) Forest
(State or country) Idaho

17. INFORMANT Leo Auer
(Address) Lewiston Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Lewiston, Ida. Date 7/2/37, 1937

19. UNDERTAKER Vassar Rawls
(Address) Lewiston, Idaho

20. FILED July 13 1937 M. H. Coker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1937, to 6-27, 1937

I last saw her stillborn PM, 1937: death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:

Date of onset

Five and one half month
premature infant-labor
induced by Broncho-pneumonia
in mother

6-27-37

Other contributory causes of importance:

Name of operation None Date of 6/27/37
What test confirmed diagnosis? Physic's Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) M. H. Coker, M. D.

(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FILE # 256256

YEAR 1937

IDAHO STILLBIRTH CERTIFICATE



VOID DUP OF 1937-257329 STILLBORN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Power</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>American Falls, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>501-Pocatello Ave.</u> St.		JUL 10 1931 CERTIFICATE OF BIRTH S 256306	
<u>Schiltz Memorial Hospital</u>		Registration District No. <u>25</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2072</u> Local Registrar's No. <u>57</u>	
2. FULL NAME OF CHILD <u>Sturdom Landers</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> 7. Legiti- Full term _____ mate? <u>yes</u>	8. Date of birth <u>6-26</u> 193 <u>7</u> (Month, Day, Year)
9. Full name <u>Ler oy Maclemor Landers</u> <u>557 Hays St</u>		18. Full maiden name <u>Betty Ruth Cotterell</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Amer Falls Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Amer Falls Ida</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>64</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) <u>South Dakota</u> (State or Country)		22. Birthplace (city or place) <u>Springfield Ida</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work <u>1 1/2 Yrs</u>		26. Total time (years) spent in this work <u>3 Yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ag No 3</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6-Months 3-Weeks</u> { months or weeks		30. Cause of Stillbirth { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> <u>5 A.M.</u> on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>V. S. Logan</u> _____, M. D.			
or _____, Midwife			
Address <u>American Falls, Idaho</u>			
Filed <u>July 10</u> 193 <u>7</u> <u>Gertrude Thornhill</u> Registrar. Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of LowerCity of Am. Falls

CERTIFICATE OF DEATH

State File No.

105122

Registration District No. 25Primary Registration District No. 2022Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number)

(No. Health Memorial Hospital)2. FULL NAME Billy Lunders(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days

Stillborn

If LESS than 1 day... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Am. Falls Idaho

MOTHER/FATHER

13. NAME Leroy Maclemov Lunders

14. BIRTHPLACE (city or town) (State or country)

South Dakota15. MAIDEN NAME Betty Ruth Cattrell

16. BIRTHPLACE (city or town) (State or country)

Springfield Idaho

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Am. Falls Ida Date 4-26, 1937

19. UNDERTAKER (Address)

None20. FILED 7-19, 1937 Gertrude Thomhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 193.... to 193....

I last saw him alive on 193....; death is said to have occurred on the date stated above, at 5:00 a.m. The principal cause of death and related causes of importance were as follows:Stillborn

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193..

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) V. G. Lujan (Address) Am. Falls Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg, Idaho
No. Moody Home St.
(If born in hospital or institution give name.)

RECEIVED
JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 256316

Registration District No. 123 State File No. _____
Prim. Registration District No. 2201 Local Registrar's No. 73

2. FULL NAME OF CHILD

St. John

3. Sex female If plural { 4. Twin, triplet, or other. 1 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term X mate? yes 8. Date of
birth June 12, 1937
(Month, Day, Year)

9. Full name FATHER Robert Lee Phipps
10. Residence (usual place of abode)
(If non-resident, give place and State) Kellogg
11. Color or race W 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Oklahoma
(State or Country)

OCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. miner
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
in this work _____, 19____

18. Full maiden name MOTHER Margaret Thies Gault
19. Residence (usual place of abode)
(If non-resident, give place and State) Kellogg
20. Color or race W 21. Age at last birthday 26 (years)
22. Birthplace (city or place) New Jersey
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work _____ 26. Total time (years) spent
in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) /
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn X
29. If stillborn, { months
period of gestation _____ or weeks _____ 30. Cause of Stillbirth { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

(Signed) J. R. Mason, M. D.

or _____, Midwife

Address Kellogg, Idaho

Filed July 10, 1937 Mr. H. H. B. B. B.

Registrar.

Registrar.

618058

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		105128	
County of <u>Shoshone</u>	City of <u>Healy</u>	CERTIFICATE OF DEATH		State File No. _____	
RECEIVED		Registration District No. <u>123</u>	Local Registrar's No. <u>44</u>		
JUL 12 1937		Primary Registration District No. <u>2201</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Chipp</u>					
(a) Residence. No. _____			St. _____		
(Usual place of abode)			(If nonresident give city or town and state)		
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>7</u>	4. Color of Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) _____					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Healy Idaho</u> (State or country)					
13. NAME <u>Bob Chipp</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
15. MAIDEN NAME <u>Margaret Bagella</u>					
16. BIRTHPLACE (city or town) <u>New Jersey</u> (State or country)					
17. INFORMANT <u>Robert Chipp</u> (Address) <u>Healy Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Healy Idaho</u> Date <u>June 13</u> 1937					
19. UNDERTAKER <u>W. C. Thompson</u> (Address) <u>Healy Idaho</u>					
20. FILED <u>July 10</u> 1937 <u>Miss Nellie M. Wade</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>6/12</u> 1937					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still-born</u>					
<u>Deformed</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>J. B. Watson</u> M. D.					
(Address) <u>Healy Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I.

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

256320

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg, Idaho
No. Moody's Home St.
(If born in hospital or institution give name.)

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 77

2. FULL NAME OF CHILD

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 10, 1937
5. Number, in order of birth 1 Full term X (Month, Day, Year)

9. Full name FATHER Leland Stowe 18. Full maiden name MOTHER Jean Scicchetti
10. Residence (usual place of abode) Kellogg 19. Residence (usual place of abode) Kellogg
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 28 (years) 20. Color or race W 21. Age at last birthday 20 (years)
13. Birthplace (city or place) Washington 22. Birthplace (city or place) Idaho
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19 _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother / (At time of this birth and including this child) /
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn X
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born stillborn 2:45 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) M. D. Lindsay, M. D.
or _____, Midwife
Address Kellogg, Idaho
Filed July 10, 1937 Dr. Helen D. Biele
Registrar.

1987X

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Shoshone
City of Kellogg

DO NOT WRITE IN THIS SPACE

105127

State File No.

RECEIVED

Registration District No. 123Primary Registration District No. 2201Local Registrar's No. 43

JUL 12 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Stowe

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kellogg
(State or country) Idaho

13. NAME Leland Stowe

14. BIRTHPLACE (city or town) Lacombe
(State or country) Wash.

15. MAIDEN NAME Gene Schuchetti

16. BIRTHPLACE (city or town) Harrison
(State or country) Idaho

17. INFORMANT Leland Stowe
(Address) Kellogg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Idaho Date June 12, 1937

19. UNDERTAKER McE. Thompson
(Address) Kellogg, Idaho

20. FILED July 10, 1937 Miss Helen McBride
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1937, to _____, 1937

I last saw him alive on _____, 1937: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Prematurity

Still Born

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ M. D.

(Address) Kellogg, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Kellogg</u> No. _____ St. <u>Wardner Hosp.</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 256331
2. FULL NAME OF CHILD <u>McIntyre, Baby Boy - Stillborn</u>		Registration District No. <u>123</u> State File No. _____		Prim. Registration District No. <u>2201</u> Local Registrar's No. <u>89</u>
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 26, 1937</u> (Month, Day, Year)
9. Full name FATHER <u>McIntyre, Donald J.</u>		18. Full maiden name MOTHER <u>Jor Nelson, Ruth J</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		
11. Color or race <u>W</u> 12. Age at last birthday <u>25</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>20</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Trail, British Columbia Canada</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Leborer</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House wife</u>		
	16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>AGNO3 1%</u>				
28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor. Before labor.		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>6:30 p.m.</u> on the date above stated. (Born Alive or Stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____	(Signed) <u>Harold T Anderson</u> M. D. or _____ Midwife Address _____ Filed <u>July 10</u> , 1937 <u>John M. Brice</u> Registrar. Registrar.

[illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH		State File No. <u>105129</u>	
City of <u>Kellogg</u>					
RECEIVED JUL 12 1937		Registration District No. <u>123</u>		Local Registrar's No. <u>45</u>	
		Primary Registration District No. <u>2201</u>			
(If death occurred in a hospital or institution, give its name instead of street and number) (No. _____)					
2. FULL NAME <u>Baby Mc Intyre</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) _____					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Kellogg, Idaho</u> (State or country)					
MOTHER, FATHER	13. NAME <u>Ronald Mc Intyre</u>				
	14. BIRTHPLACE (city or town) <u>Canada</u> (State or country)				
	15. MAIDEN NAME <u>Ruth Torkeelson</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT <u>Ronald Mc Intyre</u> (Address) <u>Kellogg, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Kellogg, Idaho</u> Date <u>June 24, 1937</u>					
19. UNDERTAKER <u>W. C. Thompson</u> (Address) <u>Kellogg, Idaho</u>					
20. FILED <u>July 10, 1937</u> <u>W. C. Thompson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>June 24 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h. <u>Atleebarn</u> , 193____: death is said to have occurred on the date stated above, at <u>6:30 P. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Atleebarn</u>					Date of onset _____ _____ _____ _____ _____
<u>Anencephalic Monstrosity</u>					
Other contributory causes of importance:					

Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Hazel Anderson</u> M. D. (Address) <u>Kellogg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant, private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE THESE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. _____ St. _____
Registration District No. 77 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2176 Local Registrar's No. 23

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>No</u>	8. Date of birth <u>6/15</u> , 193 <u>7</u> (Month, Day, Year)
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9. Full name FATHER <u>Edwin Mack Decker</u>	18. Full maiden name MOTHER <u>Virginia Appleby</u>
10. Residence (usual place of abode) <u>Rock City, Utah</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Driggs, Idaho</u> (If non-resident, give place and State)
11. Color or race <u>W</u>	20. Color or race <u>W</u>
12. Age at last birthday <u>28</u> (years)	21. Age at last birthday <u>W</u> (years)
13. Birthplace (city or place) <u>Idaho</u> (State or Country)	22. Birthplace (city or place) <u>Driggs Idaho</u> (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>laborer</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work <u>Always</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn Yes

29. If stillborn, period of gestation 5 months { months or weeks _____

30. Cause of Stillbirth premature rupture of membranes { During labor _____ Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 A.M. on the date above stated.

(Born Alive or Stillborn)

(Signed) L. R. Pease, M. D.

or _____, Midwife

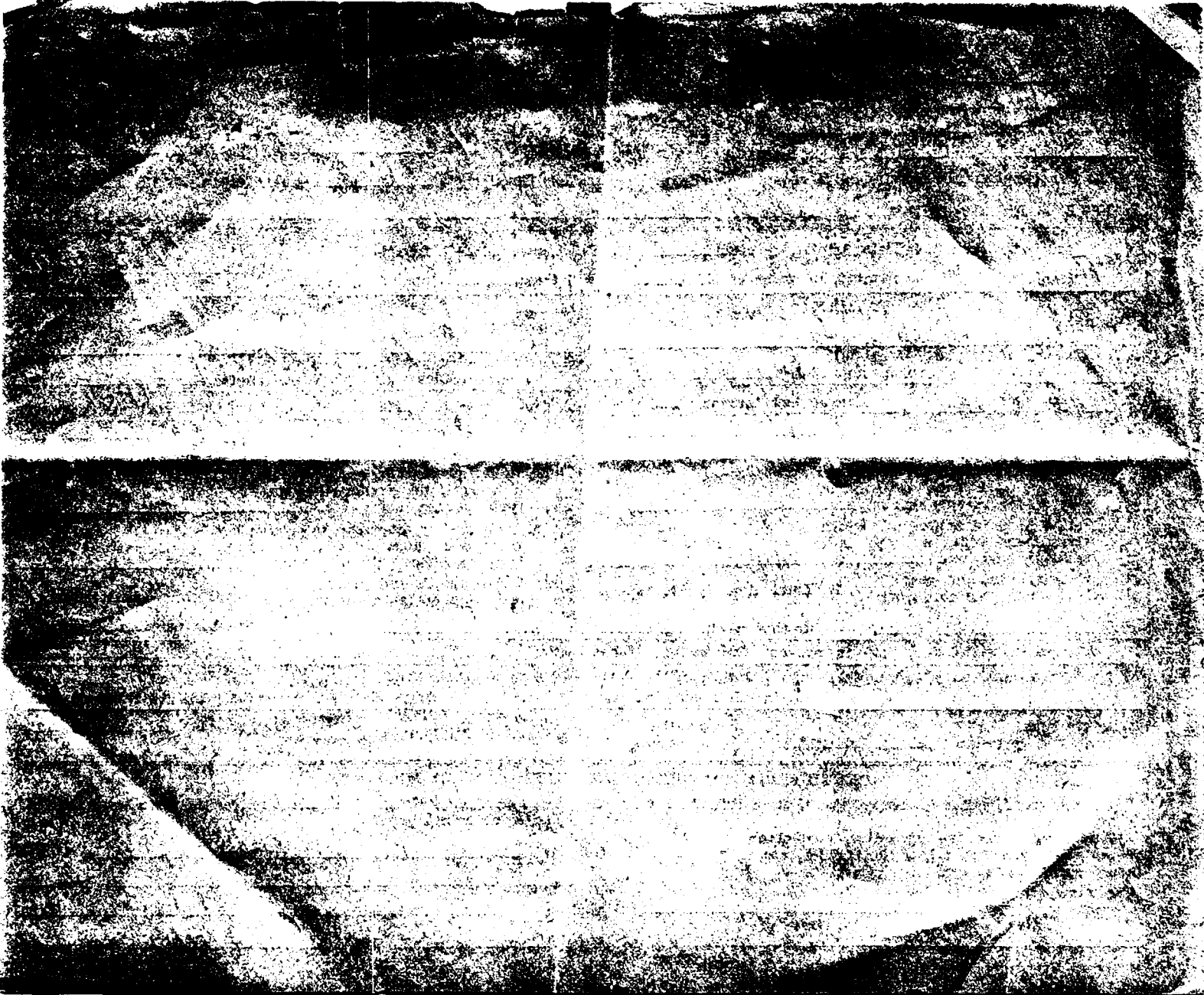
Address Driggs, Idaho

Filed 6-26-, 1937 Alie M. Greene

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 105137	
County of <u>Teton</u>	City of <u>Briggs</u>	Registration District No. <u>77</u>	Primary Registration District No. <u>2176</u>	State File No. _____	
JUL 6 - 1937		(No. _____)		Local Registrar's No. <u>7</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Becker</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 25-37</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>✓</u>	<u>✓</u>	<u>✓</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Briggs Idaho</u>					
13. NAME <u>Edwin Mack Becker</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Virginia W. Rippinger</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mrs Richard Rippinger</u> (Address) <u>Briggs Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Our Property</u> Date <u>June 25 1937</u>					
19. UNDERTAKER (Address) _____					
20. FILED <u>6-26-</u> 1937 <u>Chie M. Greene</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 25 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to <u>June 25</u> , 193____.					
I last saw h. alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn child. 5 months old. Jaundice</u>					
Other contributory causes of importance:					
<u>Membrane ruptured one month ago and fused on cord, 4 inches from fetus</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>L. R. Palmer</u> , M. D.					
(Address) <u>Briggs Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RE

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 250366

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General Hosp.

Registration District No. 37 State File No. _____
Prim. Registration District No. 1085 Local Registrar's No. 308

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joanna Alice Carey (Stillborn)

3. Sex Female 4. Twin, triplet, or other 0 5. Number, in order of birth 0 6. Premature No 7. Legitimate? Yes 8. Date of birth 6-13, 1937
(Month, Day, Year)

9. Full name FATHER Wm. W. Carey 10. Residence (usual place of abode) 206 8th Ave. E.
(If non-resident, give place and State) 11. Color or race white 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Neoshow, Mo 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. not working now

16. Date (month and year) last engaged in this work 12-13, 1936 17. Total time (years) spent in this work 1 yr.

18. Full maiden name MOTHER Minnie Mae Pryor 19. Residence (usual place of abode) 206 8th Ave. E.
(If non-resident, give place and State) 20. Color or race white 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Little Rock, Ark. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work 6-14, 1937 26. Total time (years) spent in this work 1 1/2 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 { months or weeks } 30. Cause of stillbirth not in cord { Before labor or During labor. ✓ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:50 a. m. on the date above stated.
(Born Alive or Stillborn)

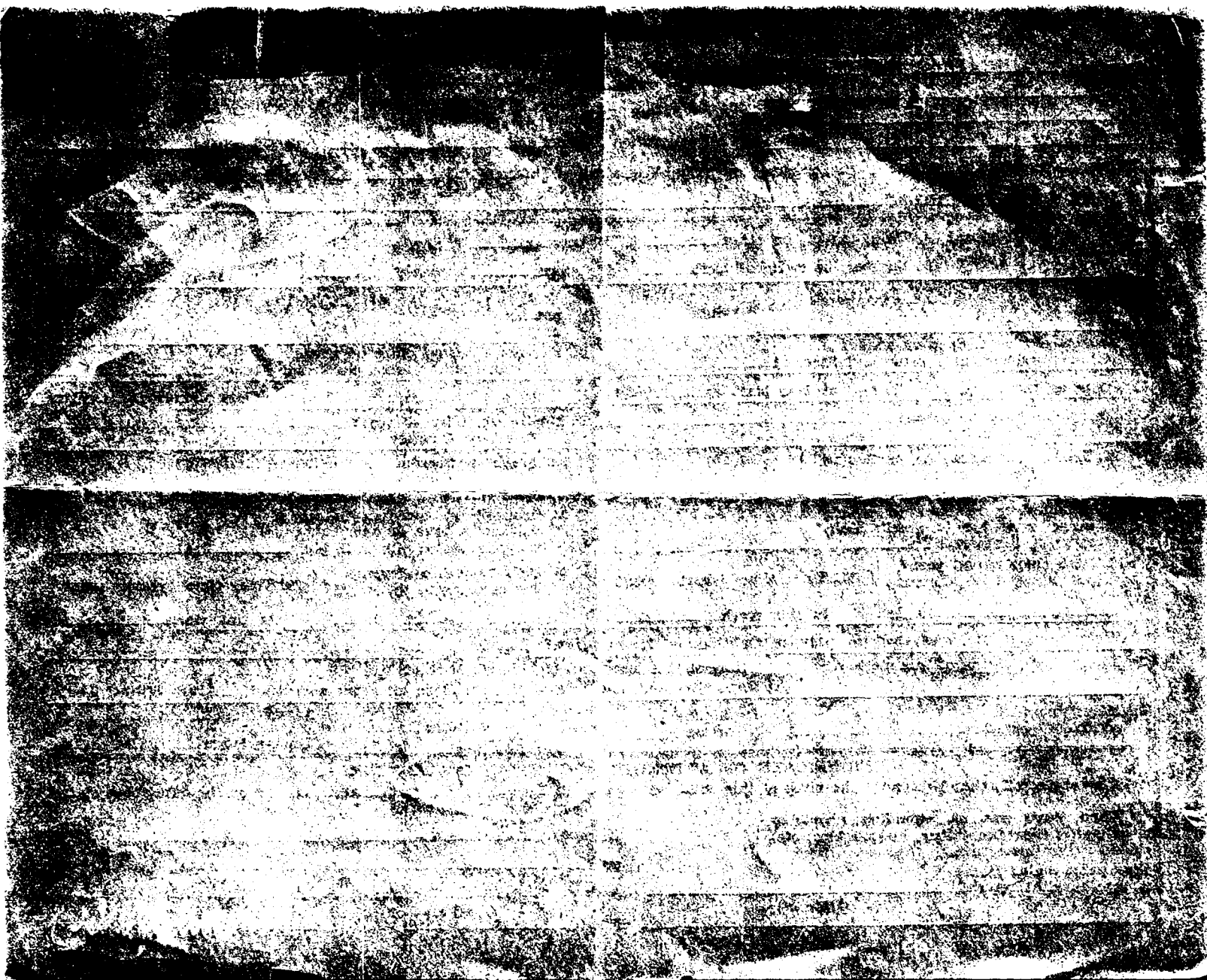
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Charles B. Byrner, M. D.

or _____, Midwife

Address Twin Falls, Ida.

Filed 9-6, 1937 J. P. Humphrey
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

105142

State File No. _____

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 133(No. Twin Falls County General Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joanne Carey

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

MOTHER, FATHER

13. NAME William M. Carey

14. BIRTHPLACE (city or town) Neosho,
(State or country) Mo.

15. MAIDEN NAME Minnie Mae Pryor

16. BIRTHPLACE (city or town) Little Rock
(State or country) Arkansas.

17. INFORMANT Mrs. C. D. Pryor,
(Address) Twin Falls, Idaho.

18. BURIAL, CREMATION OR REINTERMENT
Place Twin Falls Cem. Date 6-15-, 1937

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 5-16-, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/15/ 1937 to 6/15/ 1937

I last saw her live on 6/15/ 1937; death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

StillbornStrangulation in utero by knot in cord

Other contributory causes of importance:

NoneName of operation None Date of NoneWhat test confirmed diagnosis? Clues Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1937

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. B. Baymer, M. D.(Address) Twin Falls, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. Route 3 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 256729

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 189

2. FULL NAME OF CHILD Melvin Clark Tielhorn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth July 14, 1937 (Month, Day, Year)

9. Full name FATHER Parley J. Clark
10. Residence (usual place of abode) (If non-resident, give place and State) Route # 3
11. Color or race white 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Freedom, Wyoming

18. Full maiden name MOTHER Lovina Parker
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot Route 3
20. Color or race white 21. Age at last birthday 46 (years)
22. Birthplace (city or place) (State or Country) Bennington, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Present, 1937

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Present, 1937

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes - Steril. 10%
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living. 8 (b) Born alive but now dead. 5 (c) Stillborn. 1

29. If stillborn, period of gestation 9 months { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor yes 13 1/2 h.
Retained Delivery

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:50 m. on the date above stated.
(Born Alive or Stillborn)

(Signed) W. A. Beck, M. D.

or _____, Midwife

Address Blackfoot Idaho

Filed Aug. 3, 1937 Mr. Nelson E. Fairlie
Registrar,

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Blackfoot
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
105284
State File No. _____

Registration District No. 121

Primary Registration District No. 21904

Local Registrar's No. 108

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Stillborn) Clark, Melvin

(a) Residence. No. Rt. 3 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 1, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot, Ida. (State or country)

MOTHER FATHER 13. NAME Parkley G. Clark

14. BIRTHPLACE (city or town) Freedom, Wyo. (State or country)

15. MAIDEN NAME Lorina Parker

16. BIRTHPLACE (city or town) Bennington, Idaho (State or country)

17. INFORMANT Parkley G. Clark (Address) 1043 Blackfoot, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Ida. Date July 2, 1937

19. UNDERTAKER John C. Humphrey (Address) Blackfoot, Ida.

20. FILED July 2, 1937 Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 1, 1937. I last saw Stillborn, 1937; death is said to have occurred on the date stated above, at 10 P. m. The principal cause of death and related causes of importance were as follows:

Date of onset _____

Protracted Labor
unable to deliver
shoulders seen enough
Other contributory causes of importance:
Very large baby
13 1/2 lbs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Dr. Beck M. D. (Address) Blackfoot, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 693—PLACE OF BIRTH—249
County of Bonneville
City of Idaho Falls
No. Blod and Cedar St.
Spencer Hospital
(If born in hospital or institution give name.)

AUG 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S-256823**

Registration District No. 73 State File No. 2
Prim. Registration District No. 2140 Local Registrar's No. 453

2. FULL NAME OF CHILD Williams

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate? Yes 8. Date of birth June 26, 1937
(Month, Day, Year)

9. Full name FATHER Carl Herbert Williams
10. Residence (usual place of abode) Idaho Falls
(If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Idaho Falls, Ida
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own business
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 yrs.

18. Full maiden name MOTHER Gladys Ida Bunker
19. Residence (usual place of abode) Idaho Falls, Ida
(If non-resident, give place and State)
20. Color or race W. 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Bartley, Nebraska
(State or Country)
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 1/2 { months or weeks _____
30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

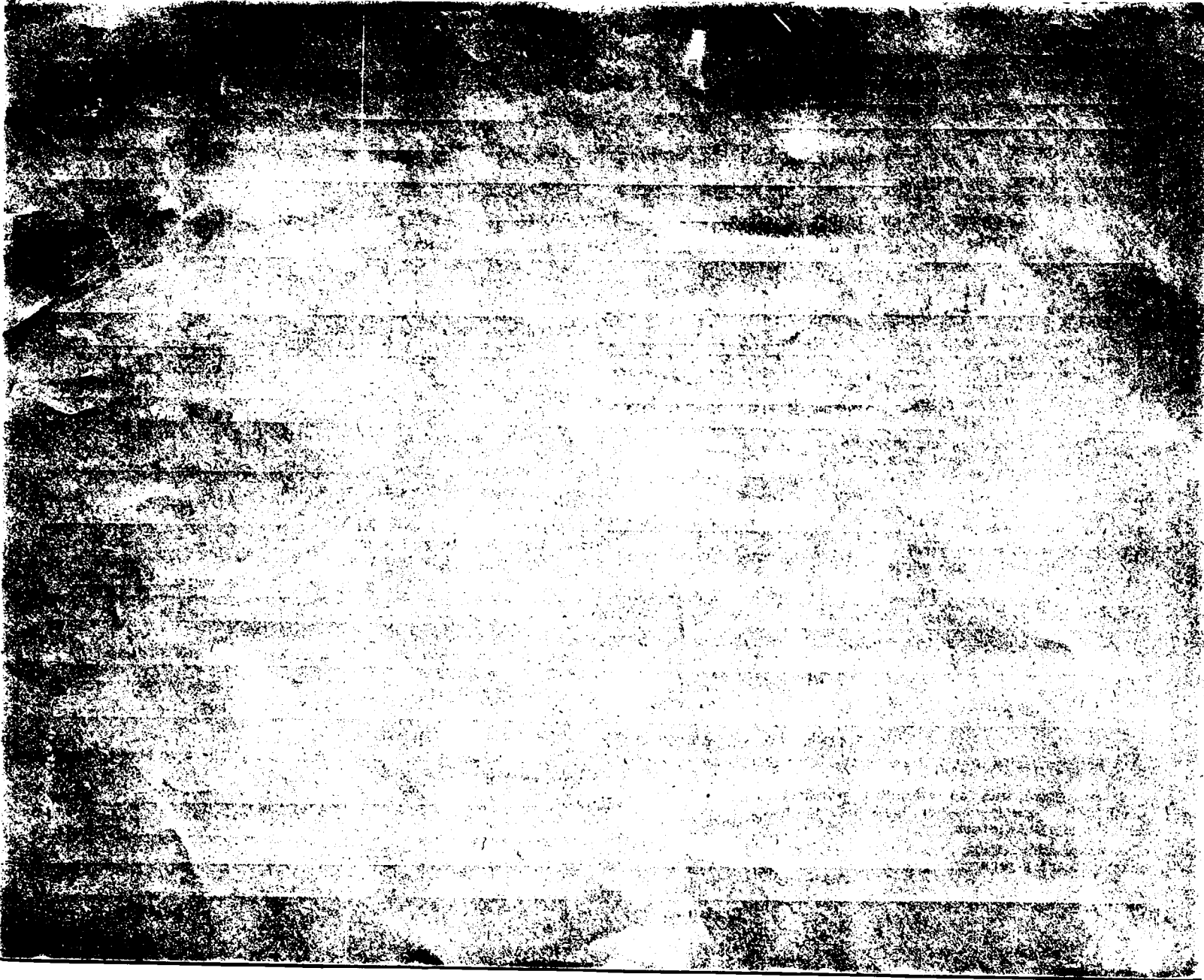
Registrar.

(Signed) W. R. Abbott, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed July 21, 1937 W. R. Abbott Registrar.



N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **104911**

Registration District No. 73

Primary Registration District No. 2150 Local Registrar's No. 141

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Travis Williams

(a) Residence. No. 10

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single _____ Married _____ Widowed _____

3. SEX <i>Female</i>	4. Color or Race <i>W.C.</i>	5. Single, Married, Widowed or Divorced (write the word) <i>Single</i>
-------------------------	---------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day,... hrs. or min.
7.	0	0	0	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** *None*

9. Industry or business in which
work was done, as **silk mill,**
saw mill, bank, etc......

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
--	---

12. BIRTHPLACE (city or town) Sea Falls
(State or country) 9

13. NAME Carl H. Williams

14. BIRTHPLACE (city or town) Ida Falls
(State or country) Idaho

15. MAIDEN NAME *Gladys Vals Burke*

16. BIRTHPLACE (city or town).....*Barley*...
(State or country).....*Norfolk*.....

17. INFORMANT (Address) Carl H. Williams

18. BURIAL, ~~CREMATION OR REMOVAL~~

19. UNDERTAKER
(Address) 443 - E. Street
Date: 11/11/1914

20. FILED 6/26/1937... *Confidential*...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year 26 193

22. I HEREBY CERTIFY, That I attended deceased from
June 26, 1937, to June 26, 1937.

I last saw him ~~alive on~~ ^{still born}, 193....: death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Still born. due

to premature separation

of placenta

✓✓ 8mo gestation

Other contributory causes of importance:

Name of operation... *Dr.* Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in
public place.

Manner of injury.....

24. Was disease or injury in any way related to occupation

of deceased?.. If so, specify

(Address) Lakota Falls, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

913-118-011-366

S

1. PLACE OF BIRTH

County of Boundary
City of Conners Ferry
No. Conners Ferry Hospital St.

(If born in hospital or institution give name.)

AUG 9 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

256898

Registration District No. 79

State File No.

Prim. Registration District No. 2156

Local Registrar's No.

2. FULL NAME OF CHILD

Baby Ratchiff

3. Sex

(If plural births)

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

Male

5. Number, in order of birth

Full term

1st

July 18, 1937
(Month, Day, Year)

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State)

19. Residence (usual place of abode)
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 34 (years)

20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place)
(State or country)

22. Birthplace (city or place)
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Agnos

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation

30. Cause of stillbirth

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. M. Bowlee, M. D.

or Conners Ferry Idaho Midwife

Address Conners Ferry Idaho

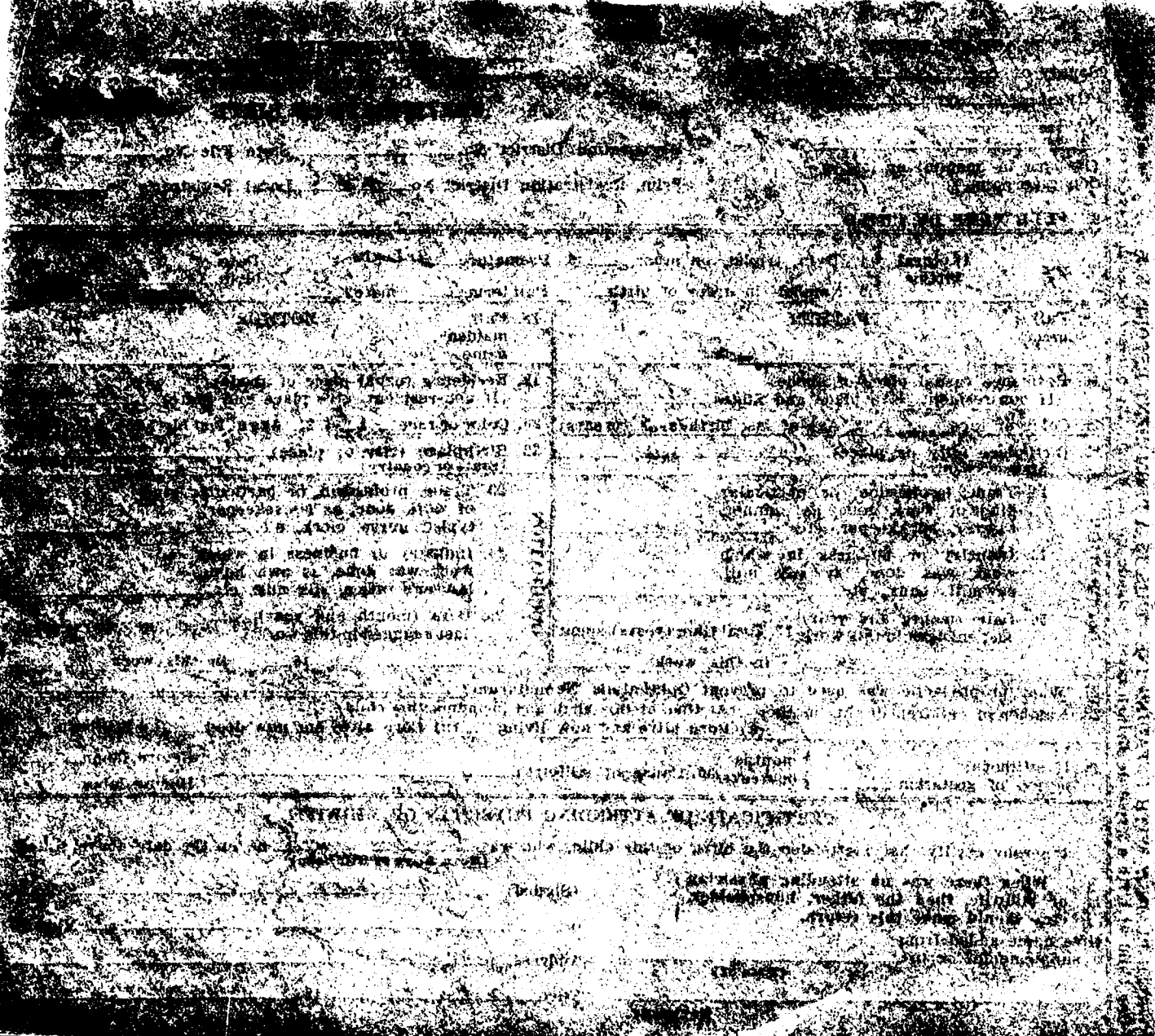
Filed July 21, 1937 R. M. Bowlee

Registrar.

Registrar.

Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BoundaryCity of Bonners FerrySTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

105325

State File No.

Registration District No. 29Primary Registration District No. 2154

Local Registrar's No.

(No. Bonners Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Ratcliff

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word) Infant

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to , 193....

I last saw h.... alive on , 193....; death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

StillbornLarge Birth 12 1/2 lbswith cord tight around neck

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation

of deceased?.... If so, specify.....

(Signed) R. B. Bonser(Address) Bonners Ferry, Ida.

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

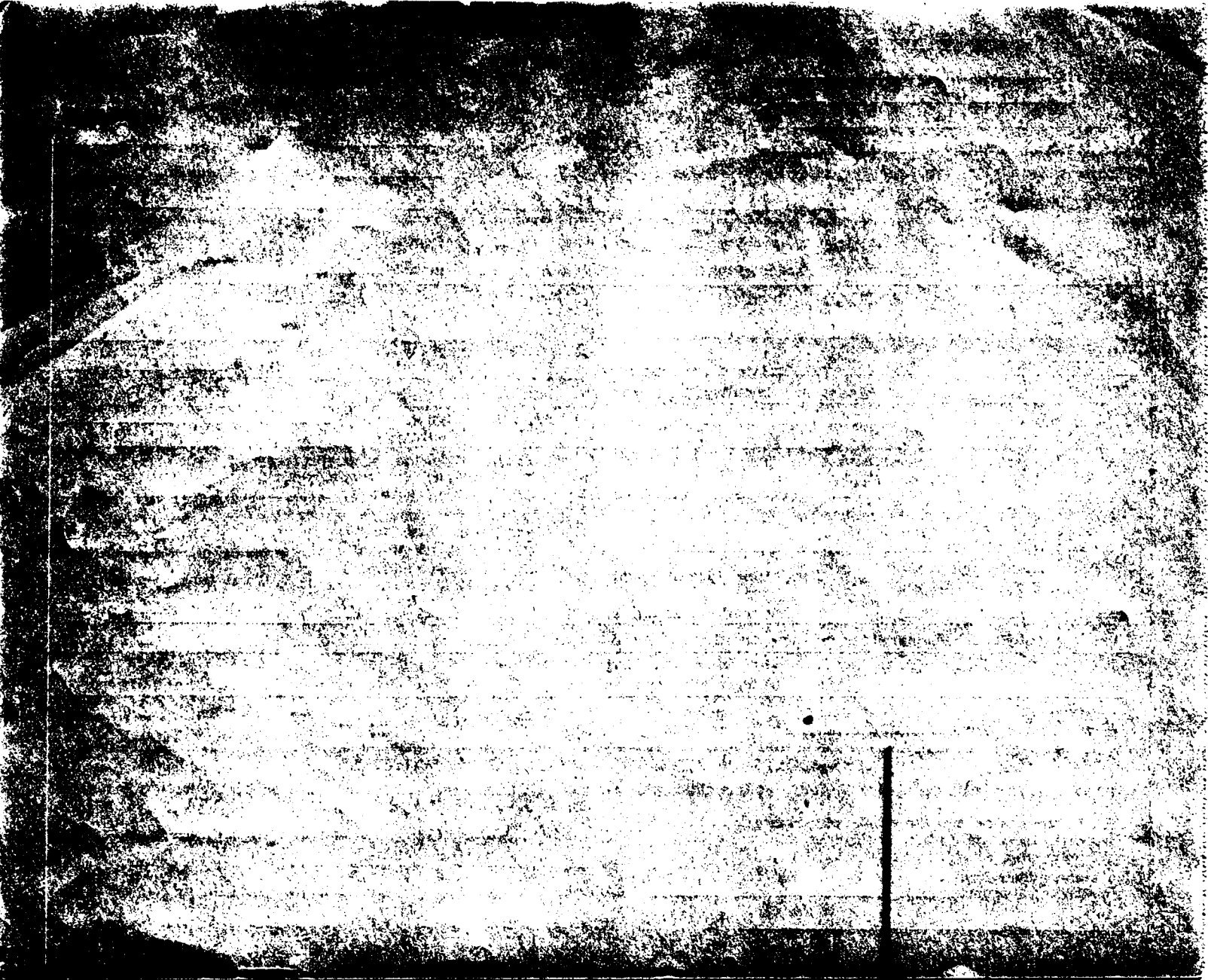
Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Canyon</u> City of <u>Caldwell</u> No. _____ St. _____ <u>Memorial Park Hospital</u> (If born in hospital or institution give name.)		AUG 11 1937 Registration District No. _____ State File No. _____ Prim. Registration District No. <u>1005</u> Local Registrar's No. <u>164</u> CERTIFICATE OF BIRTH S 256927	
2. FULL NAME OF CHILD <u>Stillborn - Presley</u>			
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature _____ 7. Legitimate? <u>yes</u>	8. Date of birth <u>July 26, 1927</u> (Month, Day, Year)
9. Full name FATHER <u>Elbert Presley</u>		13. Full maiden name MOTHER <u>Mary Elizabeth Brown</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Huston</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Huston</u>	
11. Color or race <u>Wh</u> 12. Age at last birthday <u>36</u> (years)		20. Color or race <u>Wh</u> 21. Age at last birthday <u>33</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Bentonville Ark.</u>		22. Birthplace (city or place) (State or Country) <u>Pineknayville, Ill.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H.W.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>Present, 1937</u>		25. Date (month and year) last engaged in this work <u>Present, 1937</u>
17. Total time (years) spent in this work <u>1 yr.</u>		26. Total time (years) spent in this work <u>1 yr.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother _____ (At time of this birth and including this child)		(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>8 months</u>	{ months or weeks	30. Cause of stillbirth <u>Thrombosis</u> Before labor <u>yes</u> During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5 A.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>P. C. Whittenburger D.O.</u> M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Caldwell, Idaho</u>	
Registrar. _____		Filed <u>8-9</u> , 1937 <u>M. Montgomerie</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 2000

DO NOT WRITE IN THIS SPACE

State File No. 105362Local Registrar's No. 74

AUG 11 1937

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Presley(a) Residence No. Huston Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July-26-37

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell Idaho
(State or country)

MOTHER

13. NAME Elbert Presley14. BIRTHPLACE (city or town) Mintoquille Arkansas
(State or country)15. MAIDEN NAME Mary Brown16. BIRTHPLACE (city or town) Ill
(State or country)17. INFORMANT Elbert Presley
(Address) Huston Idaho18. BURIAL, CREMATION OR REMOVAL Place Wilder, Mo Date _____, 193719. UNDERTAKER C. V. Beckham
(Address) Caldwell Idaho20. FILED 7/50, 1937 Montgomery
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-26-1937

22 I HEREBY CERTIFY That I attended deceased from _____, 1937, to _____, 1937.

I last saw her 3-11 born July 26, 1937. death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Electronic poisoning
of mother
Stillborn

Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) C. R. Whittemberger
(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
256932

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. Caldwell Sanitarium St. AUG 11 1937

Registration District No. _____ State File No. _____
Prim. Registration District No. 1002 Local Registrar's No. 159

2. FULL NAME OF CHILD Sheldon Baby Winslow (William Jacob Winslow)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? Yes 8. Date of birth July 20, 1937 (Month, Day, Year)

9. Full name FATHER Oren Ira Winslow
10. Residence (usual place of abode) (If non-resident, give place and State) Greenleaf
11. Color or race W 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Iowa
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ in this work _____

OCCUPATION

18. Full maiden name MOTHER Anna Roedel
19. Residence (usual place of abode) (If non-resident, give place and State) Greenleaf
20. Color or race W 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or country) Nebraska
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19. _____ in this work _____

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 months or weeks 30. Cause of stillbirth Hydrocephalus Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

A. M.

I hereby certify that I attended the birth of this child, who was Stillborn at 8:50 on the date above stated. (Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm. B. Handford M. D.
or _____, Midwife

Give name added from a supplemental report _____ (Date of) _____

Address Caldwell, Idaho
Filed 7-22, 193 Wm. B. Handford Registrar.

Registrar.

STATE OF TEXAS

IN SENATE,
January 10, 1907.
REPORT
OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE,
FOR THE YEAR
1906.
PUBLISHED BY THE
COMMISSIONER OF THE
GENERAL LAND OFFICE,
AT DALLAS, TEXAS.
1907.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Sanborn
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105359

Registration District No. _____
Primary Registration District No. 1003 Local Registrar's No. 91

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Jacob Winslow
(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
No No No

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____

13. NAME John J. Winslow

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME Ann Reed

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT Dr. J. W. Winslow
(Address) Caldwell, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Funeral Date July 20 1937

19. UNDERTAKER C. W. Graham
(Address) _____

20. FILED 7-21, 1937

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) July 20 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 20, 1937, to July 20, 1937

I last saw him alive on _____ 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus
Stillborn

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm. J. Winslow, M. D.

(Address) Caldwell, Idaho

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
County of <u>Caribou</u>		AUG 12 1937			
City of <u>Soda Springs, Idaho</u>		CERTIFICATE OF BIRTH S 256994			
No. <u>Caribou County Hospital</u>		Registration District No. <u>82</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2159</u>		Local Registrar's No. <u>33</u>	
2. FULL NAME OF CHILD <u>Baby Cook</u> (<u>Stillborn</u>)					
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>7/15</u> 193 <u>7</u> (Month, Day, Year)	
9. Full name <u>Ray John Cook</u> FATHER			18. Full maiden name <u>Helen Weaver</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs, Idaho</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>20</u> (years)			21. Age at last birthday <u>18</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Soda Springs, Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Ogden, Utah</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer & relief</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>July</u> , 19 <u>37</u>			25. Date (month and year) last engaged in this work <u>July</u> , 19 <u>37</u>	
17. Total time (years) spent in this work <u>2</u>		26. Total time (years) spent in this work <u>1</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>8 mo.</u> { months or weeks					
30. Cause of Stillbirth { During labor _____ Before labor <u>*</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

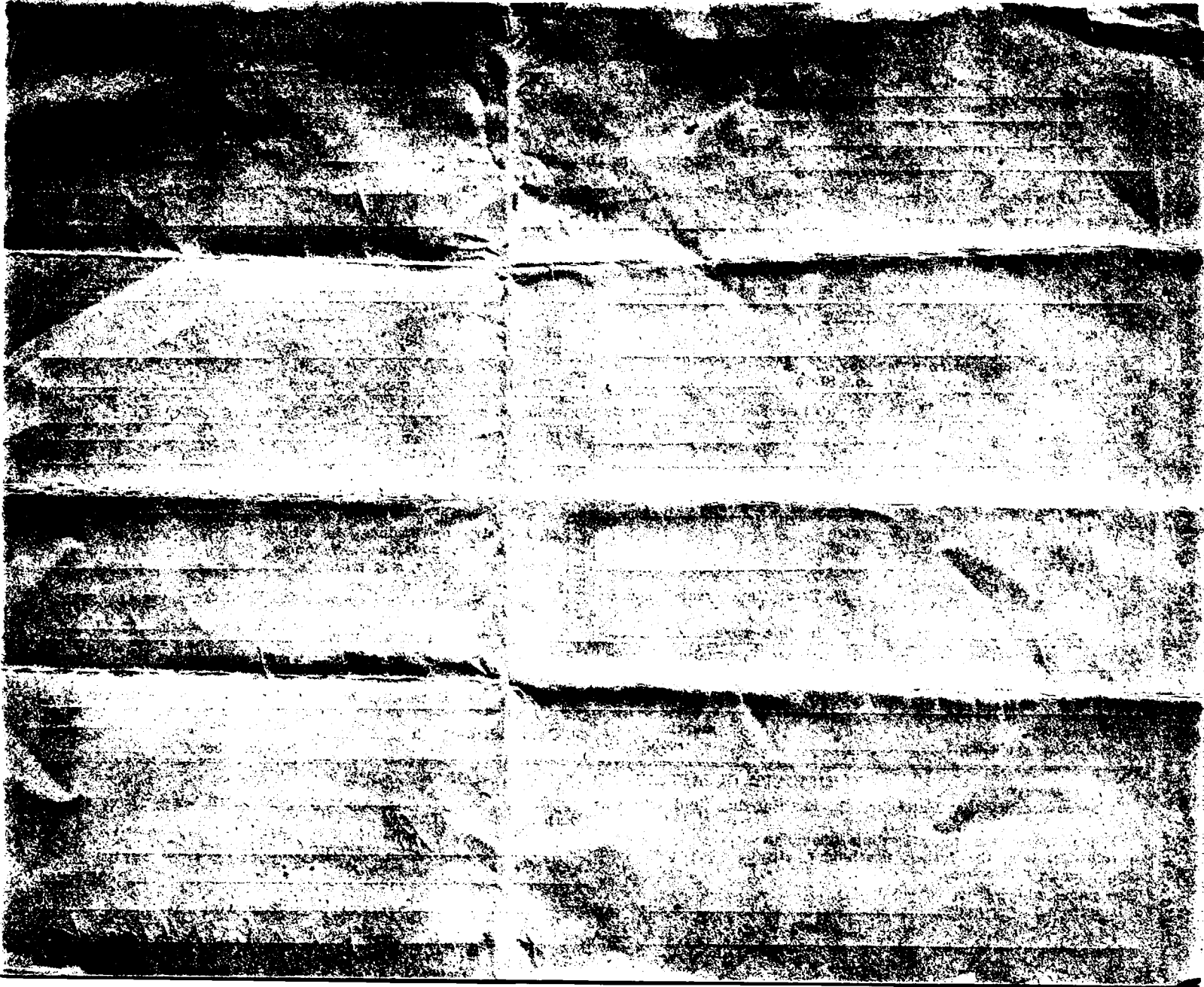
(Date of) _____

Registrar.

(Signed) Russell Tigert, M. D.
or _____, Midwife

Address Soda Springs, Idaho

Filed July 20, 1937 Dr. Russell Tigert
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Caribou</u>		CERTIFICATE OF DEATH		State File No. <u>105372</u>	
City of <u>Idaho</u>		Registration District No. <u>82</u>			
AUG 12 1937		Primary Registration District No. <u>2159</u>		Local Registrar's No. <u>24</u>	
		(No. <u>Caribou C. Hospital</u>)			
		(if death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Baby boy Cook</u>					
(a) Residence. No.		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs.		mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>July 15, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
<u>stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town). <u>Soda Springs</u> (State or country) <u>Ida</u>					
MOTHER/FATHER	13. NAME <u>Ray John Cook</u>				
	14. BIRTHPLACE (city or town). <u>Soda Springs</u> (State or country) <u>Ida</u>				
	15. MAIDEN NAME <u>Helen Weaver</u>				
	16. BIRTHPLACE (city or town). <u>Idaho</u> (State or country) <u>Ida</u>				
17. INFORMANT <u>Ray J. Cook</u> (Address) <u>Soda Springs Ida</u>					
18. BURIAL, CREMATION OR REMOVAL Place. <u>Soda Springs Ida</u> Date <u>July 16 1937</u>					
19. UNDERTAKER <u>E. D. Whigham</u> (Address) <u>S. D. Ida</u>					
20. FILED <u>Aug. 11, 1937</u> <u>Dr. Russell T. Fitch</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>July 15 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 7</u> , 1937, to <u>July 15</u> , 1937.					
I last saw him alive on <u>July 15</u> , 1937; death is said to have occurred on the date stated above, at <u>2:15 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>Asphyxiation</u> <u>Monotomus</u>					Date of onset <u>July 15 1937</u>
Other contributory causes of importance:					
<u>Breast presentation</u> <u>Amputation - 8 mo</u>					
Name of operation <u>Breast delivery</u> Date of <u>7-15-37</u>					
What test confirmed diagnosis? <u>PE</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 1937.					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify					
(Signed) <u>Russell T. Fitch</u> M. D.					
(Address) <u>Soda Springs, Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

912-112-16-262
PLACE OF BIRTH
County of Cassia
City of Burley
No. Route # 1 St.

AUG 9-1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 57002

(If born in hospital or institution give name.)

Registration District No. 117 State File No. 160
Prim. Registration District No. 2426 Local Registrar's No. 160

2. FULL NAME OF CHILD

Herman Elmer Rasmussen Jr.

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes 7. Legitimate? yes 8. Date of birth 7-12, 1937
(Month, Day, Year)

9. Full name FATHER Herman Elmer Rasmussen
10. Residence (usual place of abode) Burley
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 20 (years)
13. Birthplace (city or place) Burley
(State or Country)

18. Full maiden name MOTHER Sarah Elizabeth Rose
19. Residence (usual place of abode) Burley
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 17 (years)
22. Birthplace (city or place) Hansen
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work 7-12, 1937
17. Total time (years) spent in this work 10

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 7-12, 1937
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 mo { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

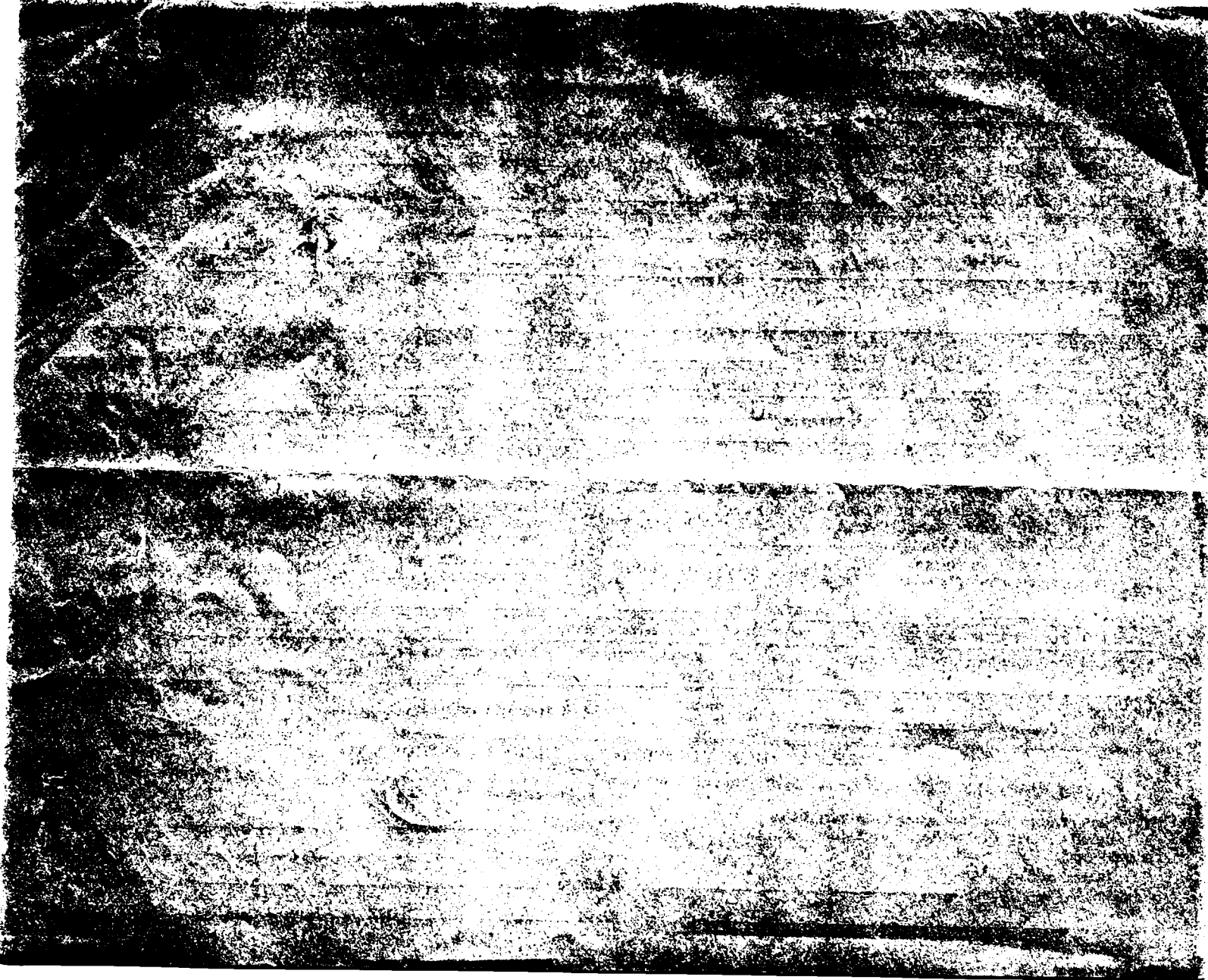
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) D. H. Kelly, M. D.
or _____ Midwife
Address Burley, Idaho
Filed July 27, 1937 Laura S. Sprague Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Herman Rasmussen(a) Residence. No. Hayburn chata St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 12-1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley (State or country) Ida.13. NAME Herman E. Rasmussen14. BIRTHPLACE (city or town) Burley (State or country) Idaho15. MAIDEN NAME Sarah E. Rose16. BIRTHPLACE (city or town) Hansen (State or country) Ida.17. INFORMANT Herman E. Rasmussen (Address) Burley-Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Hayburn chata, Date 7-13-193719. UNDERTAKER R. E. Johnson (Address) Myrtle20. FILED 7-17-1937 Laura J. Sprocket Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 105376Local Registrar's No. 5-3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-12-193722. I HEREBY CERTIFY, That I attended deceased from 7-12, 1937, to 7-12, 1937I last saw him alive on 7-12, 1937; death is saidto have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Miscarriage 6 mo

Other contributory causes of importance:

Date of onset

Name of operation ✓ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. M. Kefauver, M. D.(Address) Burley

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 257005	
County of <u>Cassia</u> City of <u>Oakley</u> No. <u>Oakley Hospital</u> St. (If born in hospital or institution give name.)		Registration District No. <u>117</u> State File No. <u>163</u> Prim. Registration District No. <u>2196</u> Local Registrar's No. <u>163</u> <u>Stella M. Elliott</u>			
2. FULL NAME OF CHILD					
3. Sex <u>male</u> If plural births { 4. Twin, triplet, or other 5. Number, in order of birth <u>1</u>		6. Premature <u>yes</u> Full term 7. Legitimate? <u>yes</u>		8. Date of birth <u>June 12, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Lawrence W. Elliott</u>			18. Full maiden name MOTHER <u>Mary Louise Clarke</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Oakley, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Oakley, Ida</u>		
11. Color or race <u>white</u> 12. Age at last birthday <u>24</u> (years)			20. Color or race <u>white</u> 21. Age at last birthday <u>22</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Heeding, Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Oakley, Idaho</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>4 yrs</u>			26. Total time (years) spent in this work <u>5 months</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn..... <u>1</u>					
29. If stillborn, period of gestation <u>4 months</u> { months or weeks					
30. Cause of Stillbirth { During labor..... Before labor.....					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 P m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Stella M. Elliott, M. D.

or _____, Midwife

Address Oakley, Ida

Filed July 27, 1937 Laura E. Spracher

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Oakley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

105373

State File No.

Registration District No. 117
Primary Registration District No. 2176

Local Registrar's No. 50

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Still Born

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race sw 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year)
7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
June 12 1937
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. on acc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Oakley Ida

MOTHER FATHER

13. NAME Lawrence W. Elliott
14. BIRTHPLACE (city or town) (State or country) Oakley Ida
15. MAIDEN NAME Mary Louisa Clark
16. BIRTHPLACE (city or town) (State or country) Oakley Ida

17. INFORMANT Dr. Lawrence W. Elliott (Address)18. BURIAL, CREMATION OR REMOVAL Place Oakley Ida Date June 12 193719. UNDERTAKER John Clark (Address) Oakley20. FILED June 14, 1937 Laura S. Sprecher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 12 193722. I HEREBY CERTIFY, That I attended deceased from Still Born, 193 born, 193

I last saw him alive on _____, 193 death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. S. Dutton, M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

46

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. _____ St. _____

AUG 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 257053

Registration District No. 27 State File No. _____

Prim. Registration District No. 2119 Local Registrar's No. 2

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Carbridge - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth no 6. Premature yes 7. Legitimate? yes 8. Date of birth July 10, 1937 (Month, Day, Year)

9. Full name FATHER Glenn Taylor Carbridge 18. Full maiden name MOTHER Isla Marie Spangner

10. Residence (usual place of abode) (If non-resident, give place and State) Preston Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Preston Idaho

11. Color or race White 12. Age at last birthday 24 (years) 20. Color or race White 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Preston Idaho 22. Birthplace (city or place) (State or Country) Pagan Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Job. trucking 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work July 10, 1937 17. Total time (years) spent in this work None 25. Date (month and year) last engaged in this work July 19, 1937 26. Total time (years) spent in this work None used

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks 30. Cause of Stillbirth { Before labor Mal-development During labor abnormal position

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 10¹⁵ a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) H. H. Barnes, M. D.

Give name added from a supplemental report _____ or _____, Midwife

(Date of) _____ Address Preston Idaho Filed Aug 1, 1937 G. W. States Registrar. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

105401

State File No.

PLACE OF DEATH

County of Franklin

City of Preston

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2114

Local Registrar's No. 4

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Corbridge

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 10, 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER Glenn Corbridge

11. BIRTHPLACE OF FATHER (city or town) Preston Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Le Marie Sparrow

13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or Country)

14. Informant Glenn J. Corbridge
(Address)

15. Filed Aug 8, 1937 C. W. States
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 10, 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 10, 1937
that I last saw him alive on never, 1937
and that death occurred, on the date stated above, at never M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY none
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted same
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Glenn J. Corbridge M. D.
July 11, 1937 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial July 11 1937

20. Undertaker Glenn J. Corbridge Address Preston Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S
257066

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. Memorial St.
Way
(If born in hospital or institution give name.)

Registration District No. 27 State File No. _____
Prim. Registration District No. 249 Local Registrar's No. 15

2. FULL NAME OF CHILD

Fellowe - Selma

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? Y 8. Date of birth 7/12, 1937
(Month, Day, Year)

9. Full name FATHER Orvin Vard Fellowe
10. Residence (usual place of abode) Preston
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Preston
(State or Country)

18. Full maiden name MOTHER Selma Olsen
19. Residence (usual place of abode) Same
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Minck Creek
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 6 months { months or weeks _____ 30. Cause of stillbirth _____ Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:50 P m. on the date above stated.
(Born Alive or Stillborn)
(Signed) O. A. Cutler M. D.
or _____ Midwife
Address Preston Idaho
Filed Aug 8, 1937 G. W. Stiles Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		105404	
City of <u>Preston</u>		Registration District No. <u>27</u>		State File No. _____	
		Primary Registration District No. <u>249</u>		Local Registrar's No. <u>7</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Baby Fellows</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 13, 1937</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day, _____ hrs. or min.			
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Preston Idaho</u> (State or country)					
MOTHER	13. NAME <u>Orrin Vard Fellows</u>				
	14. BIRTHPLACE (city or town) <u>Preston Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Selma Dassen</u>				
	16. BIRTHPLACE (city or town) <u>Link Creek Idaho</u> (State or country)				
17. INFORMANT <u>O. V. Fellows</u> (Address) <u>Preston Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Preston</u> Date _____, 1937					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>Aug 1</u> , 1937 <u>G. W. State</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 13, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 13, 1937</u> to <u>July 13, 1937</u>					
I last saw him <u>Alive</u> <u>July 13, 1937</u> : death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Rematorty 6 month</u>					Date of onset _____
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Px.</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>O. P. Carter</u> M. D.					
(Address) <u>Preston Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 257091

1. PLACE OF BIRTH
County of Fremont
City of St Anthony
No. 12 St.

Registration District No. 99 State File No. 1040
Prim. Registration District No. 277 Local Registrar's No. 1040

(If born in hospital or institution give name.) Baby Adams

2. FULL NAME OF CHILD Baby Adams

3. Sex male If plural births { 4. Twin, triplet, or other Single Premature Yes 7. Legiti- Reported Date of birth July 24 1937
5. Number, in order of birth 4 Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER Gus Adams 18. Full maiden name MOTHER Unovich

10. Residence (usual place of abode) (If non-resident, give place and State) Nomadic 19. Residence (usual place of abode) (If non-resident, give place and State) Nomadic

11. Color or race Gypsy 12. Age at last birthday 24 (years) 20. Color or race Gypsy 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) San Francisco 22. Birthplace (city or place) (State or Country) California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gypsy 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Gypsy

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Baby born dead

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos - { months or weeks 30 Cause of stillbirth con reported and mother should be Before labor Yes After labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was delivered at 7:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.
Give name added from a supplemental report (Date of) August 9, 1937
Registrar. Ida M. D. St. Anthony Midwife Sarah B. Spunk Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Franklin</u>		Registration District No. <u>99</u>		State File No. <u>10540C</u>	
City of <u>St. Anthony</u>		Primary Registration District No. <u>2177</u>		Local Registrar's No. <u>332</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Adams</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced, write the word <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 24 1937</u>					
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>San Francisco</u> <u>St. Anthony, Ida</u>					
13. NAME <u>Joe Adams</u>					
14. BIRTHPLACE (city or town) (State or country) <u>San Francisco</u>					
15. MAIDEN NAME <u>Katherine Adams</u>					
16. BIRTHPLACE (city or town) (State or country) <u>California</u>					
17. INFORMANT (Address) <u>Ray J. Thompson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Riverside</u> Date <u>July 25, 1937</u>					
19. UNDERTAKER (Address) <u>W. M. Hansen</u>					
20. FILED <u>Aug-1, 1937</u> <u>Sarah B. Mark</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 24, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>on July 24</u> , 1937, to <u>only</u> , 1937.					
I last saw him alive on <u>not at all</u> , 1937; death is said to have occurred on the date stated above, at <u>8 a. m.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Baby dead when seen by me. Said to have been dead when born in Gypsy Camp. Mother is Gypsy.</u>					
Other contributory causes of importance: <u>Unlabeled cord reported about neck & shoulders.</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>accident</u> Date of injury _____, 1937.					
Where did injury occur? <u>St. Anthony Fremont</u> (Specify city or town, county, and State) <u>Ida</u>					
Specify whether injury occurred in industry, in home, or in public _____					
Manner of injury <u>Gypsy Camp</u>					
Nature of injury <u>Unlabeled cord</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>S. J. Ellison</u> , M. D.					
(Address) <u>St. Anthony, Ida</u>					

301-401 UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

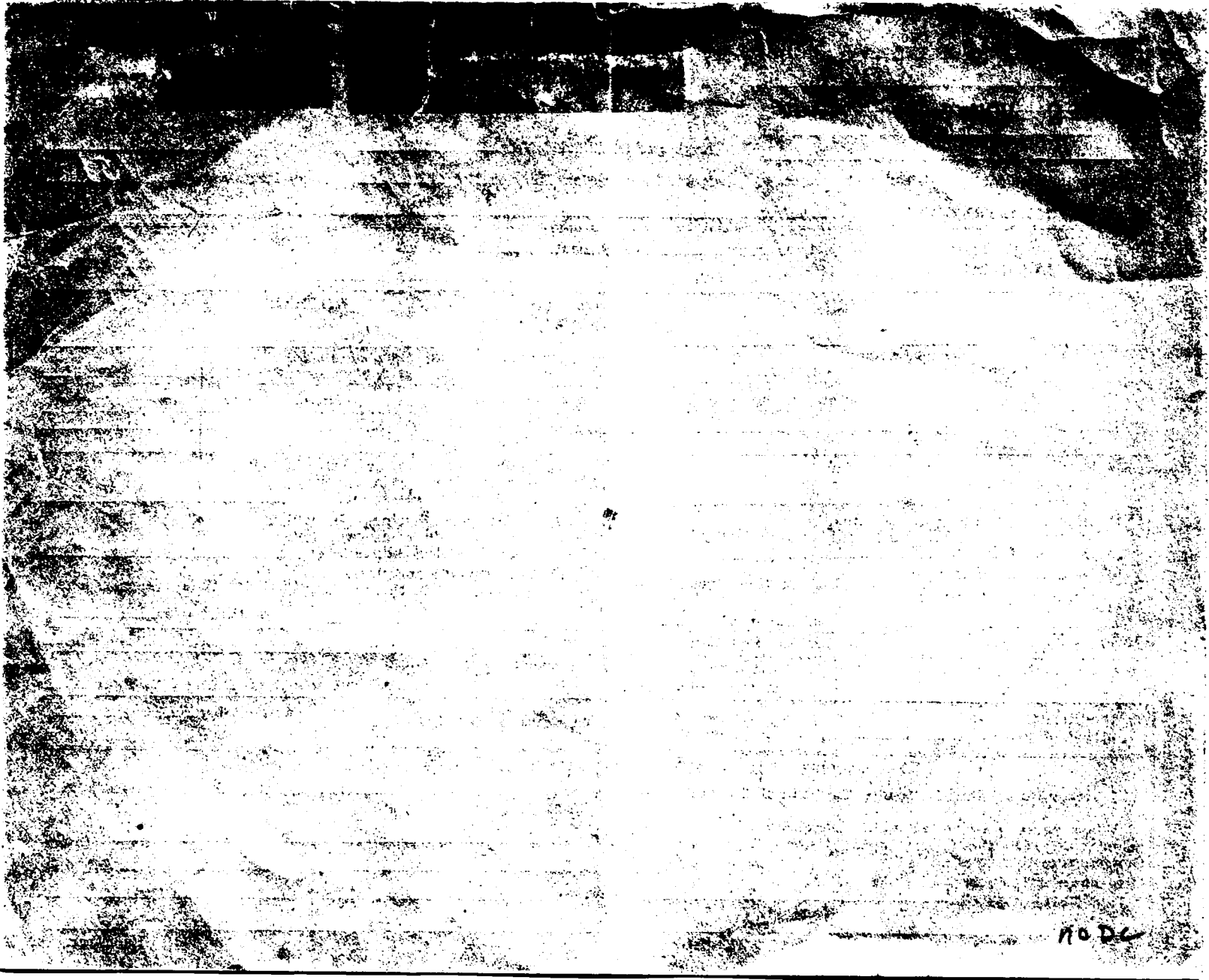
1. PLACE OF BIRTH County of <u>Fremont</u> City of <u>St Anthony</u> No. _____ St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 257103	
(If born in hospital or institution give name.)		Registration District No. <u>99</u>	State File No. _____
2. FULL NAME OF CHILD <u>Edith Mickleson</u>		Prim. Registration District No. <u>3127</u>	Local Registrar's No. <u>1052</u>
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legitimate? <u>yes</u>
9. Full name FATHER <u>Eyil Wilbur Mickleson</u>		8. Date of birth <u>7-31-1937</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St Anthony</u>		18. Full maiden name MOTHER <u>Lairy Ella Jackson</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St Anthony</u>	
13. Birthplace (city or place) (State or Country) <u>Utah</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>24</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	22. Birthplace (city or place) (State or Country) <u>Idaho</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H.W.</u>
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
19. _____ in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>August 20/37</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>27</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Placenta previa</u> { During labor <u>yes</u> Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

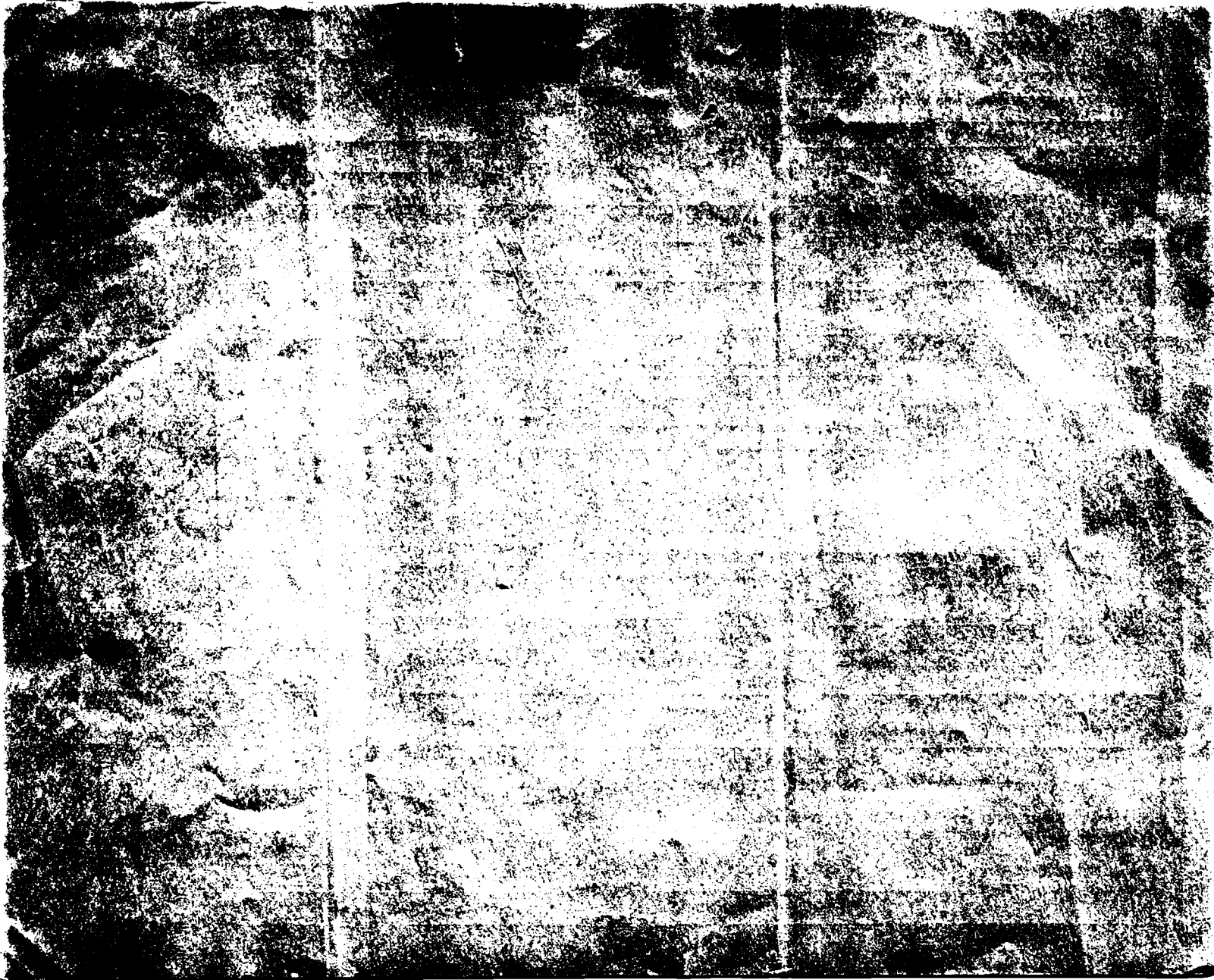
(Signed) W. H. Murrell, M. D.
or _____, Midwife
Address St. Anthony, Idaho.
Filed August 29, 1937 Shah B. Munk
Registrar. Registrar.



10 DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Gen</u> City of <u>Comm</u> No. <u>822 S. Comm St</u> AUG 10 1937		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>6</u> State File No. <u>257105</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Infant Daughter Henry Boyce</u>			
3. Sex <u>M</u>	If plural births { 4. Twin, triple, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>X</u>
			8. Date of birth <u>June 2nd</u> , 193 <u>7</u> (Month, Day, Year)
9. Full name of FATHER <u>Henry Boyce</u>		18. Full maiden name of MOTHER <u>Margery Groves</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cardena</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cardena</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>24</u> (years)		21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Grand Junction Colo.</u>		22. Birthplace (city or place) (State or Country) <u>New Plymouth</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____	
16. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
17. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7 months</u> { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor <u>Mal presentation</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>11:30</u> p.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>R. H. Harrison</u> , M. D.			
or _____, Midwife			
Address <u>Comm</u>			
Filed <u>Aug 9 -</u> , 193 <u>7</u> <u>J. H. Reynolds</u> Registrar.			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho
City of Emmett
RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

105010

Registration District No. 6

Primary Registration District No. _____

Local Registrar's No. _____

JUL 3 - 1937

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Daughter of Henry Boyce

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 2, 1937
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

13. NAME W. Henry Boyce
14. BIRTHPLACE (city or town) Grand Junction
(State or country) Colorado

15. MAIDEN NAME Marjorie Groves16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT Henry Boyce
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date June 3, 193719. UNDERTAKER C. D. Buckner
(Address) Emmett20. FILED 6/2, 1937 J. L. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/2 193722. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1937, to June 2nd, 1937.

I last saw him at home, 1937; death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Still born
prematurely
due to placental
tearing fracture
of liver
Other contributory causes of importance:
Smoking. Shouldn't smoke
delayed

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No, specify _____(Signed) J. L. Reynolds, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. County _____ City _____ No. _____ St. _____		AUG 19 1937		Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Richard Van Patten - Stillborn</u> <u>257201</u>					
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>5</u>	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
				8. Date of birth <u>Aug 5</u> 1937 (Month, Day, Year)	
9. Full name FATHER <u>Homer Howard Van Patten</u>			18. Full maiden name MOTHER <u>Esther Bertha Sheppard</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome Ida</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>34</u> (years)			21. Age at last birthday <u>32</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Logan Kansas</u>			22. Birthplace (city or place) (State or Country) <u>Lenora Kansas</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Creamery</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work <u>Aug</u> 1937			17. Total time (years) spent in this work <u>1</u>		
18. Date (month and year) last engaged in this work <u>Aug</u> 1937			19. Total time (years) spent in this work <u>10</u>		
25. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>No</u>					
26. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
27. If stillborn, period of gestation _____			30. Cause of stillbirth _____		
{ months or weeks			{ Before labor <u>Abruptio Placenta</u> During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:40 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

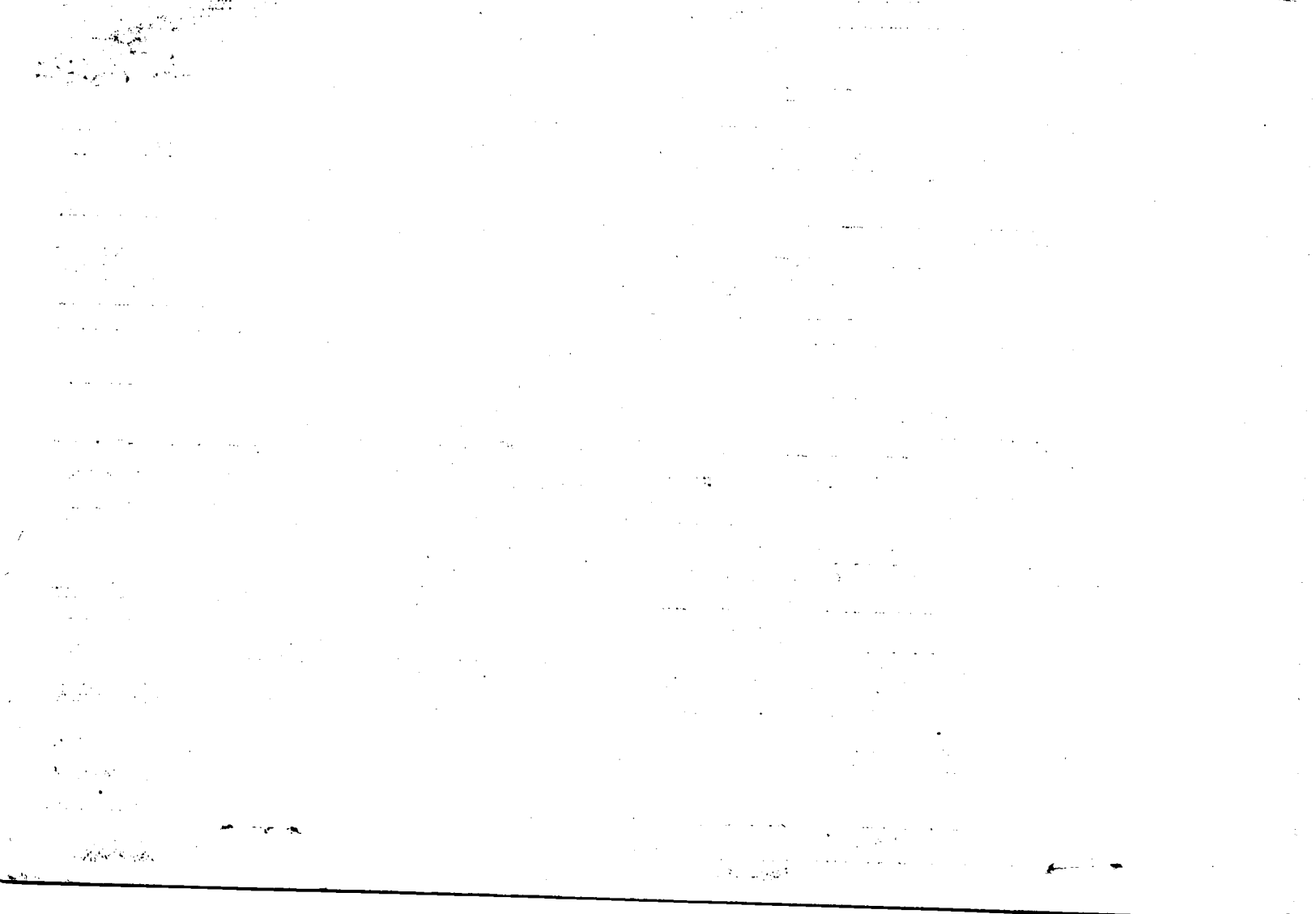
(Signed) Reuben C. Matson, M. D.

or _____, Midwife

Address Jerome Idaho

Filed Aug 12 1937 C. E. Zell

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

AUG 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Van Patten

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Aug 5, 1937</u>		
7. AGE	Years	Months Days
<u>—</u>	<u>—</u>	<u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho13. NAME Homer Van Patten14. BIRTHPLACE (city or town) Tongan
(State or country) Kansas15. MAIDEN NAME Esta Shepard16. BIRTHPLACE (city or town) Jerome
(State or country) Kansas17. INFORMANT Homer Van Patten
(Address) Jerome Idaho18. BURIAL, CREMATION OR REMOVAL
Place Jerome Date Aug 5, 193719. UNDERTAKER J. P. Wiley
(Address) Jerome Idaho20. FILED 8/6, 1937 Chas. T. Miller
Registrar.

DO NOT WRITE IN THIS SPACE

105440

State File No.

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 5 1937

22. I HEREBY CERTIFY, That I attended deceased from

Stillborn, 1937 to Stillborn, 1937I last saw him alive on Aug 4, 1937; death is saidto have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance

were as follows:

Stillborn
Premature separation
of placenta

Date of onset

Aug 4 1937

Other contributory causes of importance:

Name of operation no Date of —What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1937Where did injury occur? —
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? — If so, specify —(Signed) Reuben C. Nelson M. D.(Address) Jerome Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

1. PLACE OF BIRTH
 County of Idaho
 City of Moscow
 No. 722 S. Main St. 1011
 (If born in hospital or institution give name) The Brittan Hosp
 Registration District No. 61 State File No. 257241
 (Stillborn) Sturgill Prim. Registration District No. 1011 Local Registrar's No. 451

2. FULL NAME OF CHILD
 3. Sex Female If plural births { 4. Twin, triplet, or other Stillborn 5. Number, in order of birth 1
 6. Premature ✓ Full term ✓ 7. Legitimate? ✓ 8. Date of birth 7-15, 1937
 (Month, Day, Year)

9. Full name FATHER Robert Sturgill
 10. Residence (usual place of abode) Moscow, Idaho
 (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 22 (years)
 13. Birthplace (city or place) Greene Creek
 (State or Country) North Carolina
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Furniture store
 16. Date (month and year) last engaged in this work Present, 1937
 17. Total time (years) spent in this work 2 mo.

18. Full maiden name MOTHER Ruth Evelyn Strong
 19. Residence (usual place of abode) Moscow, Idaho
 (If non-resident, give place and State)
 20. Color or race White 21. Age at last birthday 19 (years)
 22. Birthplace (city or place) Emmett
 (State or Country) Idaho
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 25. Date (month and year) last engaged in this work Present, 1937
 26. Total time (years) spent in this work 7 mo.
 27. What prophylactic was used to prevent Ophthalmia Neonatorum?
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation 5 mo. } months or weeks
 30. Cause of Stillbirth Not known During labor Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Stillborn at 5 a.m. on the date above stated.
 (Born Alive or Stillborn)
 When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report
 (Date of)
 Registrar.
 (Signed) W. H. M. Hough, M. D.
 or Theresa J. Hough, Midwife
 Address Moscow, Idaho
 Filed 8-7, 1937 Registrar.

100-50

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
Latah
County of _____
City of - Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
105471
State File No. _____

Registration District No. Co. 1

Primary Registration District No. 10.11

Local Registrar's No. 272

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Sturgill

(a) Residence No. _____ St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 7/15/1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Moscow, (State or country) Idaho

13. NAME Robert Sturgill

14. BIRTHPLACE (city or town) Pine Creek, (State or country) N. Car.

15. MAIDEN NAME Ruth Strang

16. BIRTHPLACE (city or town) Emmett, (State or country) Idaho

17. INFORMANT Robert Sturgill (Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL Place MOSCOW, Ida. Date 7/15, 1937

19. UNDERTAKER H. R. Short (Address) Moscow, Idaho

20. FILED 7/15, 1937 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/15/1937

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to 7/15, 1937.

I last saw h. _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: _____

Full birth
of full 5
prolonged
unborn
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) [Signature] M. D.
(Address) Moscow, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Mason</u> City of <u>Sugar</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>100</u> State File No. <u>257282</u> Aug 11 1937	
(If born in hospital or institution give name)		Prim. Registration District No. <u>2128</u> Local Registrar's No. <u>165</u>	
2. FULL NAME OF CHILD <u>Infant Jenkins - Stillborn</u>			
3. Sex <u>Female</u>	4. Twin, triplet, or other <u>births</u>	5. Premature <u>yr</u>	6. Legiti- mate? <u>✓</u>
8. Date of birth <u>6-26-1937</u> (Month, Day, Year)			
9. Full name <u>Huston Lusk Jenkins</u>		18. Full maiden name <u>Cacela Davis</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sugar</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sugar</u>	
11. Color of <u>White</u>		12. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Malad, Ida</u>		20. Color or race <u>White</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		21. Age at last birthday <u>34</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		22. Birthplace (city or place) (State or Country) <u>Sugar, Ida</u>	
16. Date (month and year) last engaged in this work <u>6-26-1937</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
17. Total time (years) spent in this work <u>Life</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House wife</u>	
25. Date (month and year) last engaged in this work <u>6-26-1937</u>		26. Total time (years) spent in this work <u>Life</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver nitrate 10/0</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7 1/2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7 1/2</u> months <u>or weeks</u>		30. Cause of Stillbirth <u>?</u> { During labor <u>?</u> Before labor <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3:30 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

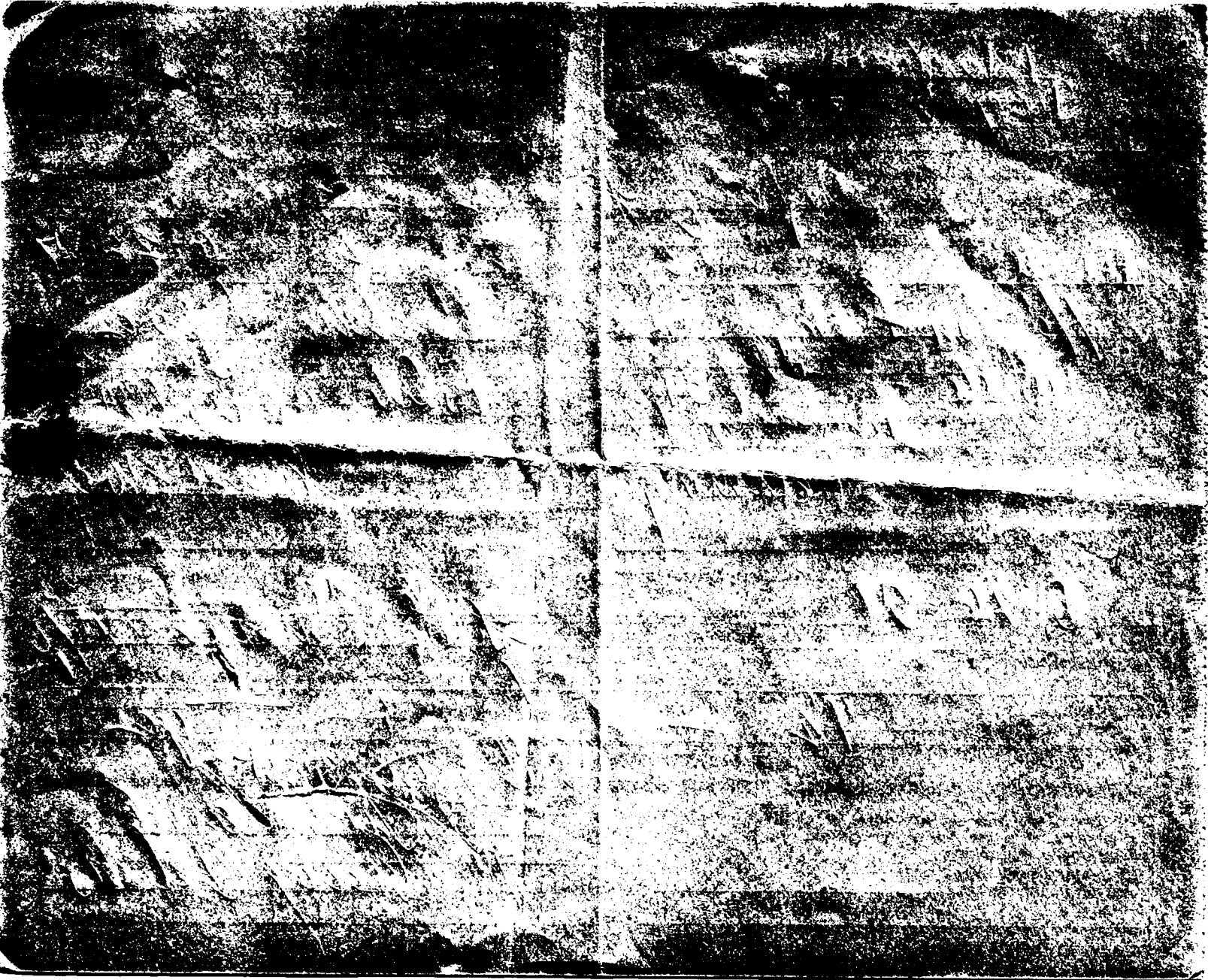
Registrar.

(Signed) Rebecca Young M. D.

or _____ Midwife

Address 8-8-1937 Mrs. R. E. Young

Filed _____, 1937 _____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 40

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Jenkins

(a) Residence No. St.

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word)

6. DATE OF BIRTH (month, day, and year) 6-26-37

7. AGE Years Months Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sugar City Idaho

13. NAME Huston Lusk Jenkins

14. BIRTHPLACE (city or town) (State or country) Malad Idaho

15. MAIDEN NAME Caddie Davis

16. BIRTHPLACE (city or town) (State or country) Leimville Idaho

17. INFORMANT Huston Lusk Jenkins

18. BURIAL, CREMATION OR REMOVAL Place Date 6-28-1937

19. UNDERTAKER none

20. FILED 8-8-1937 Mrs. H. E. Young Registrar

DO NOT WRITE IN THIS SPACE

105480

State File No.

21. DATE OF DEATH (month, day and year) 6-26-1937

22 I HEREBY CERTIFY, That I attended deceased from 6-26-1937, to 6-26-1937

I last saw h alive on 1937: death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

Still-birth

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No

(Signed) H. E. Young D.

(Address) Rexburg, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 414 - 172034-351
County of Mundak RECEIVED
City of Rupert
No. St. Rupert, Idaho St. Idaho
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Richard Edward Madison
3. Sex Male If plural births { 4. Twin, triplet, or other 0 5. Number, in order of birth 1 6. Premature Yes 7. Legitimate? Yes 8. Date of birth July 17, 1937 (Month, Day, Year)
9. Full name FATHER Edward L. Madison 18. Full maiden name MOTHER Virginia Jeanne Leavitt
10. Residence (usual place of abode) (If non-resident, give place and State) Ogden, Utah 19. Residence (usual place of abode) (If non-resident, give place and State) Ogden, Utah
11. Color or race W 12. Age at last birthday 22 (years) 20. Color or race W 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Ogden, Utah 22. Birthplace (city or place) (State or Country) Ogden, Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer - Service 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 0 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 0
16. Date (month and year) last engaged in this work Oct 1937 17. Total time (years) spent in this work May 1937 19. 0 26. Total time (years) spent in this work 0
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No. 3, 1937
28. Number of children of this mother (At time of this birth and including this child) 0
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation at birth { months or weeks 30. Cause of Stillbirth Breach { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 5 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) W. E. McCallister, M. D.

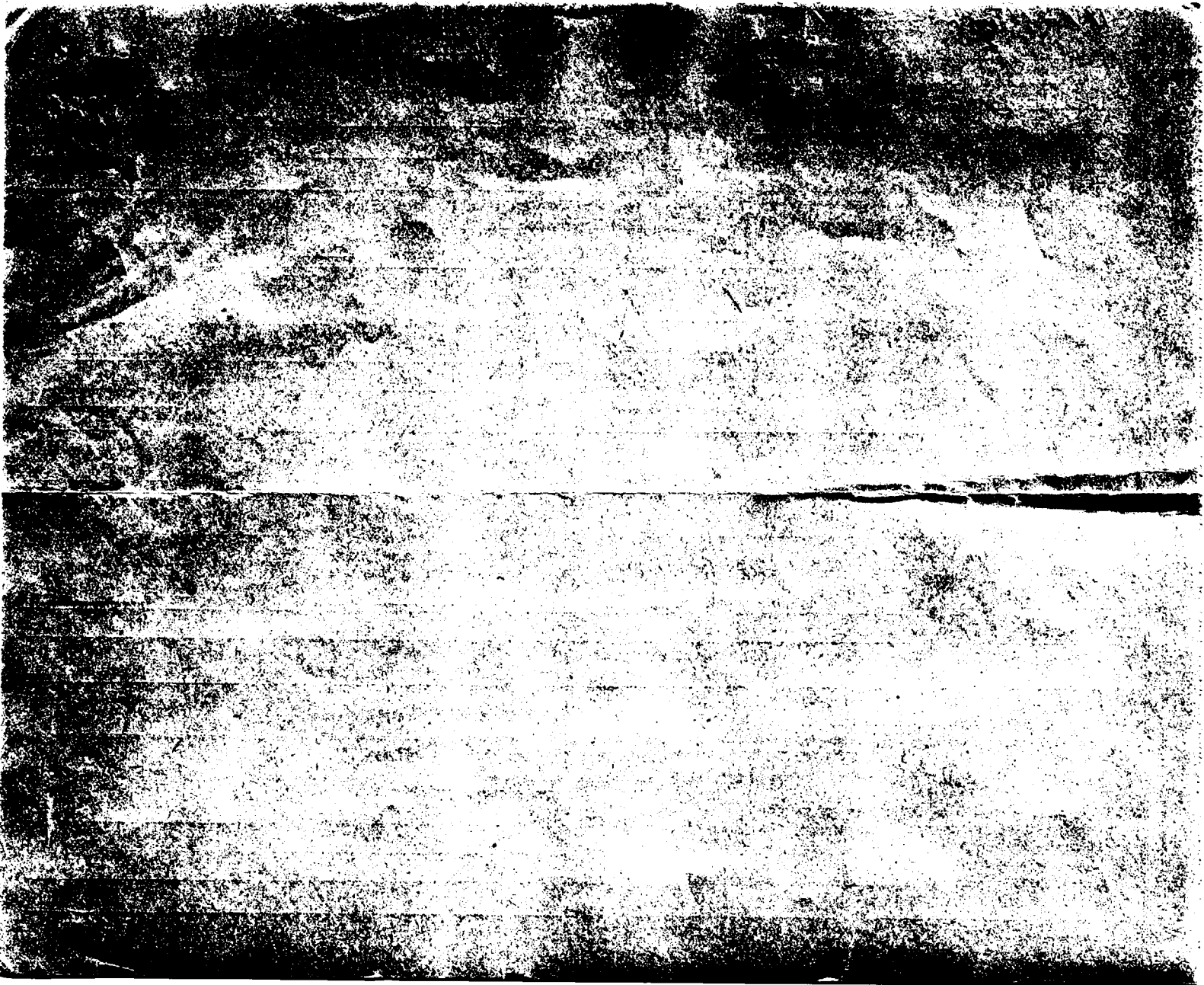
or _____, Midwife

Address Rupert, Idaho

Filed 8-9, 1937 W. E. McCallister

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Mendota
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105488Registration District No. 19Primary Registration District No. 2015Local Registrar's No. 37

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Edward Maden

(a) Residence. No. _____ St. Rupert Idaho
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year) July 17 1937

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rupert Idaho
(State or country)

13. NAME Edward L. Maden

14. BIRTHPLACE (city or town) Ogden Utah
(State or country)

15. MAIDEN NAME Virginia Leavitt

16. BIRTHPLACE (city or town) Ogden Utah
(State or country)

17. INFORMANT Edward L. Maden
(Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Ogden Utah Date 8-17 1937

19. UNDERTAKER John J. Maden
(Address) Rupert Idaho

20. FILED 7-29 1937 E. J. Maden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1937 to 7-17 1937.

I last saw him alive on 1937 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury, 1937.

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____

(Signed) E. J. Maden
(Address) Rupert Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1515-214-2035-632
 1. PLACE OF BIRTH
 County of Ada
 City of Lehi
 No. St. Joe St.
 (If born in hospital or institution give name.)

RECEIVED
 JUL 19 1937

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 257305
 Registration District No. 1009 State File No. 96 Local Registrar's No. S

2. FULL NAME OF CHILD Charlotte

3. Sex ♀ If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 2 6. Premature 0 7. Legitimate ✓ 8. Date of birth 6-14-1937
 Full term mate? ✓ Month, Day, Year

9. Full name FATHER Clay M. Name
 10. Residence (usual place of abode) (If non-resident, give place and State) Clk M
 11. Color or race W 12. Age at last birthday 42 (years)
 13. Birthplace (city or place) (State or country) Massachusetts
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work
 17. Total time (years) spent in this work

OCCUPATION

18. Full maiden name MOTHER Mabel Olson
 19. Residence (usual place of abode) (If non-resident, give place and State) Clk M
 20. Color or race W 21. Age at last birthday 36 (years)
 22. Birthplace (city or place) (State or country) Iowa
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
 25. Date (month and year) last engaged in this work
 26. Total time (years) spent in this work

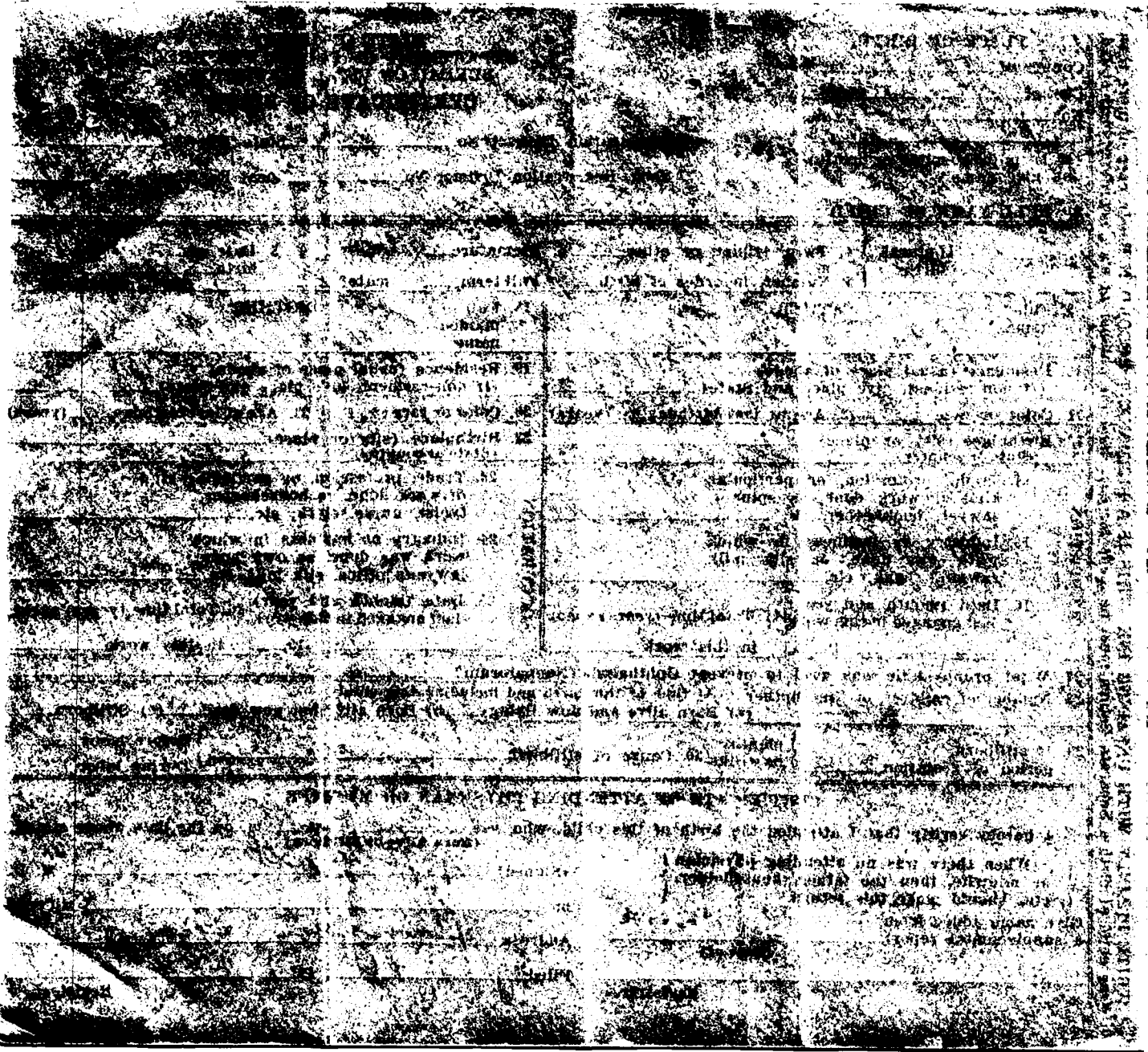
OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Name
 28. Number of children of this mother (At time of this birth and including this child) 3
 (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn 1
 29. If stillborn, period of gestation 5 mo months or weeks 30. Cause of stillbirth Structure of Cord Before labor ✓ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 7:40 p. m. on the date above stated.
 (Signed) H. J. Scott M. D.
 or Linneton Adams Midwife
 Address Linneton Adams
 Filed July 16, 1937 M. H. Carley Registrar.
 Give name added from a supplemental report (Date of)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>105104</u>	
County of <u>Nez Perce</u>	City of <u>Lewiston</u>	Registration District No. <u>1009</u>	Primary Registration District No. <u>96</u>	Local Registrar's No. <u>870</u>	
(No. <u>St. Joseph's Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Charlotte Ann Nave</u>					
(a) Residence. No. <u>508-5th Street</u>		St. <u>Clarkston, Wash.</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>June 14, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.	
		<u>Stillborn</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>					
MOTHER/FATHER	13. NAME <u>Floyd Nave</u>				
	14. BIRTHPLACE (city or town) <u>Not on record</u> (State or country)				
	15. MAIDEN NAME <u>Mabel</u>				
	16. BIRTHPLACE (city or town) <u>Not on record</u> (State or country)				
	17. INFORMANT <u>Floyd Nave</u> (Address) <u>Clarkston, Wash.</u>				
	18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston, Ida</u> Date <u>June 15, 1937</u>				
19. UNDERTAKER <u>Brower W. C.</u> (Address) <u>Lewiston, Idaho</u>					
20. FILED <u>July 8, 1937</u> <u>M. H. Caster</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>June 4, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>June 14</u> , 1937, to <u>June</u> , 1937. I last saw her alive on _____, 1937: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance are as follows: <u>Still Born</u> <u>Construction of Umbilical Cord</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937 Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>P. T. Scott</u> M. D. (Address) <u>Lewiston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1916

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-125-235-433
PLACE OF BIRTH
County of Myer
City of Levi
No. St. Joseph St.
Registration District No. 63 State File No. S 257329
(If born in hospital or institution give name.)
Prim. Registration District No. 2143 Local Registrar's No. _____
2. FULL NAME OF CHILD Infant Parker

3. Sex male If plural births { 4. Twin, triplet, or other twin 5. Number, in order of birth 2 6. Premature Yes 7. Legitimate? Yes 8. Date of birth June 25, 1937 (Month, Day, Year)

9. Full name FATHER Neal Milroy Parker 18. Full maiden name MOTHER Catherine Louise McLaughlin
10. Residence (usual place of abode) Kendrick 19. Residence (usual place of abode) Kendrick
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 20 (years)
13. Birthplace (city or place) Spokane 22. Birthplace (city or place) Spokane
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm labor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth Maternal During labor Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 p. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. D. A. Christensen, M. D.
Address Kendrick, Idaho
Filed July 16, 1937 B. F. Nesbit
Registrar.

CHANGED TWIN #5 ON DUPS AND BIRTH DATE

CERTIFIED NO MORE DECIUING FOR THE SO

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 105466	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Boyle</u>		Registration District No. <u>63</u>	
City of <u>Hambrick</u>		Primary Registration District No. <u>2143</u>	
(No. <u>1</u>) (If death occurred in a hospital or institution, give its name instead of street and number)		Local Registrar's No. <u> </u>	
2. FULL NAME <u>Infant Parker (Stillborn)</u>			
(a) Residence. No. <u> </u>		St. <u> </u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>June 25, 1937</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u> If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Logansport</u> (State or country) <u>Ind.</u>			
FATHER	13. NAME <u>Neal Wilroy Parker</u>		
	14. BIRTHPLACE (city or town) <u>Spokane</u> (State or country) <u>Wash.</u>		
MOTHER	15. MAIDEN NAME <u>Ethel Louise M. Laughlin</u>		
	16. BIRTHPLACE (city or town) <u>Spokane</u> (State or country) <u>Wash.</u>		
17. INFORMANT <u>Mrs. Parker</u> (Address) <u>Hambrick, Ind.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hambrick</u> Date <u>June 26, 1937</u>			
19. UNDERTAKER <u>None</u> (Address)			
20. FILED <u>July 16, 1937</u> <u>B. F. Nesbit</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>June 25, 1937</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 193 <u>7</u> , to <u> </u> , 193 <u>7</u> .			
I last saw h <u> </u> alive on <u> </u> , 193 <u>7</u> : death is said to have occurred on the date stated above, at <u> </u> m.			
The principal cause of death and related causes of importance were as follows: <u>Maternal Eclampsia</u> Date of onset <u>June 24, 1937</u>			
Other contributory causes of importance:			
Maternal cesarean Name of operation <u> </u> Date of <u> </u>			
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u>7</u> .			
Where did injury occur? <u> </u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u> </u>			
Manner of injury <u> </u>			
Nature of injury <u> </u>			
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u>			
(Signed) <u>Parker</u> M. D. (Address) <u>Hambrick</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 257362	
County of <u>Shoshone</u>		AUG 11 1937		CERTIFICATE OF BIRTH	
City of <u>Kellogg</u>		Registration District No. <u>123</u>		State File No. _____	
No. _____ St. _____		Prim. Registration District No. <u>2201</u>		Local Registrar's No. <u>99</u>	
(If born in hospital or institution give name.) <u>Wardner Hospital</u>					
2. FULL NAME OF CHILD <u>Barden, Baby Boy - Steelborn</u>					
3. Sex <u>Male</u>		4. Twin, triplet, or other _____		5. Date of birth <u>July 28, 1937</u>	
If plural births _____		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>	
5. Number, in order of birth _____		Full term _____		(Month, Day, Year)	
9. Full name <u>Barden Lloyd L.</u>			18. Full maiden name <u>Dassett, Orla</u>		
10. Residence (usual place of abode) <u>Kellogg, Ida</u>			19. Residence (usual place of abode) <u>Kellogg, Ida</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>22</u> (years)			21. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) <u>Florence, Alabama</u>			22. Birthplace (city or place) <u>Stanford, Illinois</u>		
(State or Country)			(State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____, 19____			25. Date (month and year) last engaged in this work _____, 19____		
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>Seven</u> { months or weeks					
30. Cause of Stillbirth { During labor _____ Before labor <u>unknown</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Steelborn</u> at <u>11:30 A</u> m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>Harold T Anderson</u> , M. D.					
or _____, Midwife					
Address _____					
Filed <u>Aug 9, 1937</u> <u>John M. Brink</u> Registrar.					
(Date of) _____					
Registrar. _____					

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Shoshone</u>		CERTIFICATE OF DEATH Registration District No. <u>123</u> Primary Registration District No. <u>2201</u> Local Registrar's No. <u>5-2</u>		105543 State File No. _____	
City of <u>Kellogg</u>					
(No. <u>Madison Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Barden</u>					
(a) Residence. No. <u>133 West Cameron</u> St. <u>206</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Kellogg</u> (State or country) <u>Idaho</u>					
MOTHER FATHER	13. NAME <u>Lloyd L. Barden</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Okey D. Cassie</u>				
	16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
17. INFORMANT <u>L. L. Barden</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Kellogg</u> Date <u>July 29, 1937</u>					
19. UNDERTAKER <u>Frank Thomsen</u> (Address)					
20. FILED <u>Aug 9, 1937</u> <u>Wm. Helen M. Bode</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>July 28, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 28, 1937</u> , to <u>July 28, 1937</u> , to <u>July 28, 1937</u>					
I last saw him alive on <u>July 28, 1937</u> ; death is said to have occurred on the date stated above, at <u>11:30 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset
<u>Cause unknown</u>					
Other contributory causes of importance:					
Name of operation <u>no</u> Date of <u>no</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u> , 193__					
Where did injury occur? <u>no</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify					
(Signed) <u>H. J. Anderson</u> M. D.					
(Address) <u>Kellogg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

436-2-795
PLACE OF BIRTH
County of Iwin Falls
City of Iwin Falls
No. 752-2nd E St.
Hoode Maternity

(If born in hospital or institution give name.)

RECEIVED
JUL 16 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 257406

Registration District No. 37 State File No. _____

Prim. Registration District No. 2085 Local Registrar's No. 267

2. FULL NAME OF CHILD

Genevieve Prentiss Flora

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>7-4, 1937</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>✓</u>		

9. Full name FLOYD C. FLORA
FATHER

18. Full maiden name Inez Prentiss
MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Iwin Falls, Id.

19. Residence (usual place of abode)
(If non-resident, give place and State) Iwin Falls

11. Color or race W | 12. Age at last birthday 31 (years)

20. Color or race W | 21. Age at last birthday 43 (years)

13. Birthplace (city or place) Maxwell Iowa
(State or Country)

22. Birthplace (city or place) Marshall Mo.
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Ditchdigger

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work 5 yrs

25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes, argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation nine months { months or weeks
30. Cause of stillbirth like been mentioned { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 7 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

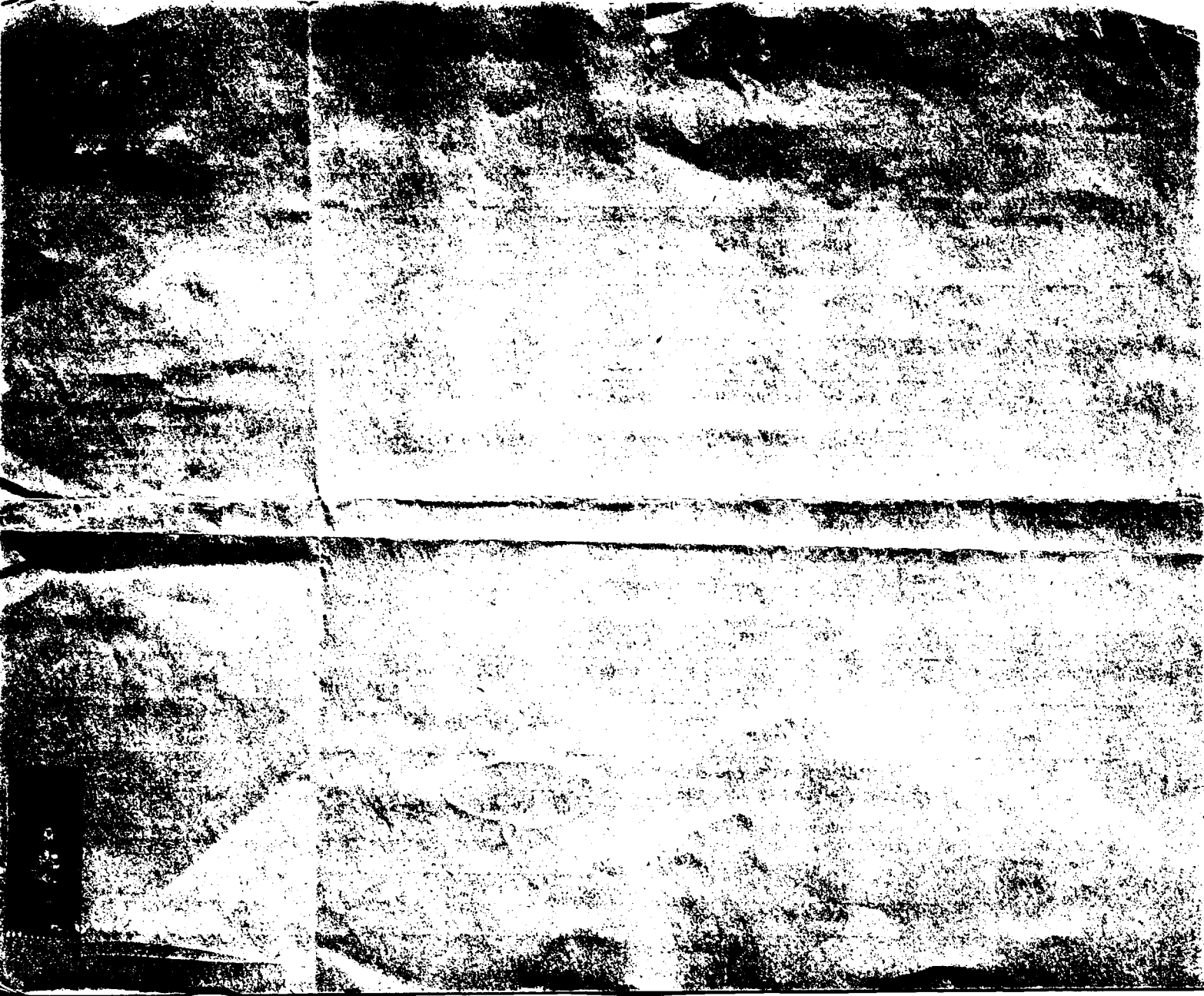
(Signed) J. E. Langenwatter, M. D.

or _____, Midwife

Address Iwin Falls

Filed July 14, 1937

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

JUL 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE
105548
State File No. _____

(No. Wood's Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Floyd Flora

(a) Residence No. _____
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 7/4/1937

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME Floyd Flora

14. BIRTHPLACE (city or town)
(State or country) Iowa

15. MAIDEN NAME Inez Prentiss

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Floyd Flora
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jerome, Ida Date 7/5, 1937

19. UNDERTAKER Clyde E. Hickok
(Address) Twin Falls, Idaho

20. FILED 7-8-, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/4/1937

22 I HEREBY CERTIFY, That I attended deceased from _____, 1937 to July 4, 1937

I last saw her alive on July 4; death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Stillborn
Respiration during labor
Other contributory causes of importance.
Breech presentation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Langenwatt
(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH
County of Trinity Falls Ida
City of Trinity Falls
No. 792-2 2nd Age East
Wood Private Sanitar AUG 13 1937
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S257426**
Registration District No. 37 State File No. 1085
Local Registrar's No. 366

2. FULL NAME OF CHILD Guillermo Balte Stillborn
3. Sex male If plural births { 4. Twin, triplet, or other... 5. Number, in order of birth... 6. Premature... 7. Legitimate? (no) 8. Date of birth July 18, 1937 (Month, Day, Year)

9. Full name FATHER Clarence Walter Balte
10. Residence (usual place of abode) Trinity Falls Ida
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Manning
(State or Country) Idaho

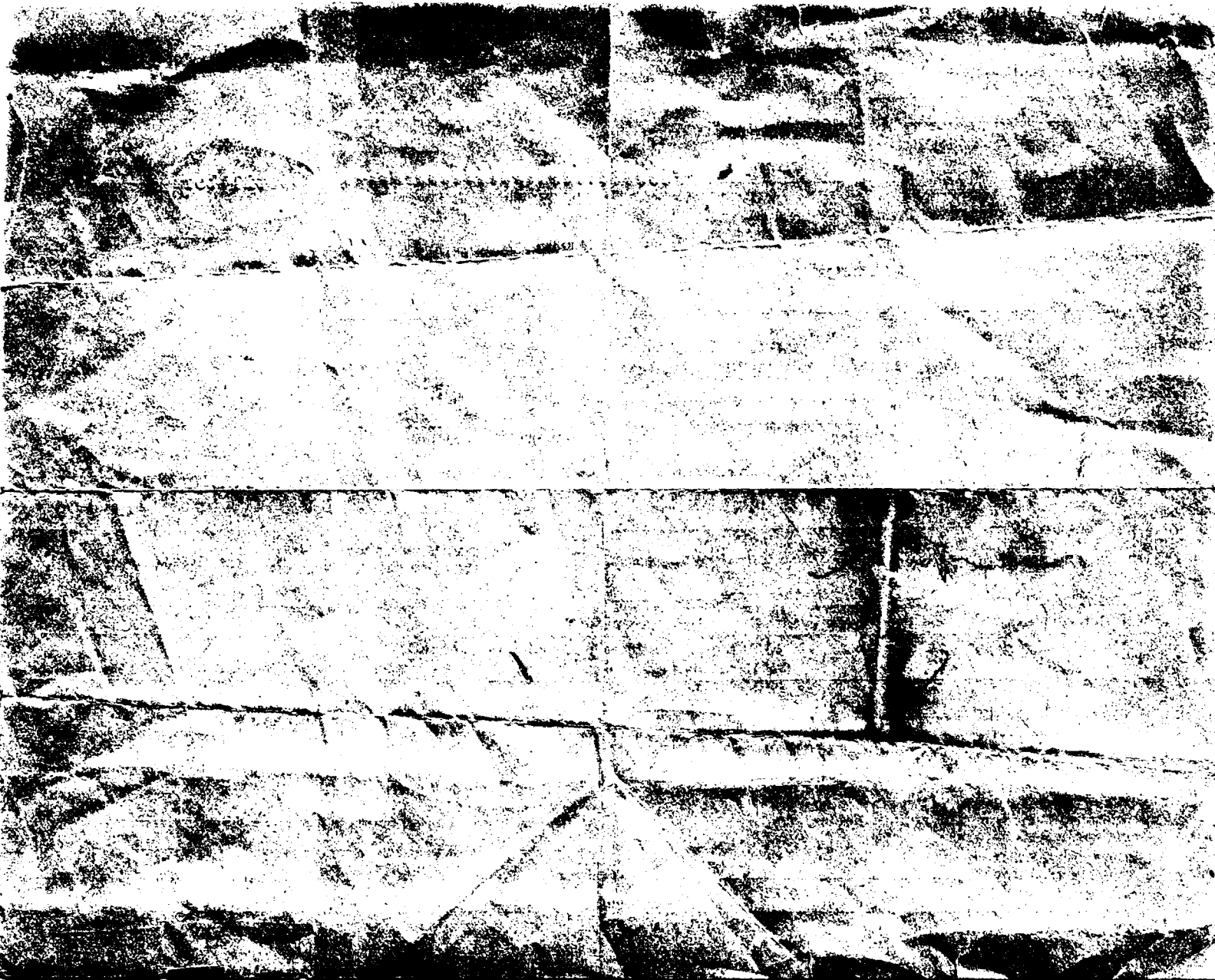
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter
16. Date (month and year) last engaged in this work 7-12, 1927
17. Total time (years) spent in this work Several yrs.

18. Full maiden name MOTHER Margaret Lillian Dreband
19. Residence (usual place of abode) Trinity Falls Ida
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 20 (years)
22. Birthplace (city or place) North Platte
(State or Country) Nebr.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work Since July

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Salvat (Silver)
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living. 4 (b) Born alive but now dead. 1 (c) Stillborn yes
29. If stillborn, period of gestation 9 mo. { months 9 or weeks 9
30. Cause of Stillbirth { During labor premature Before labor premature

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 9: P.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Edna A. Egbert M.D. or Edna A. Egbert Midwife
Address Trinity Falls Ida
Filed Aug 8, 1937 Edna A. Egbert Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
37

DO NOT WRITE IN THIS SPACE
105569
State File No.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No.
Primary Registration District No. 1085

Local Registrar's No. 173

AUG 13 1937

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Woods Private Sanitarium

(a) Residence. No. 73-2-20nd Ave East
(Usual place of abode) Twin Falls, Idaho (If nonresident, give city or town and state)
Length of residence in city or town where death occurred. yrs. mo. ds. How long in State of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>July 11 1907</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
<u>Still born</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>			
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			
	10. Date deceased last worked at this occupation (mo. and yr.)			
MOTHER/FATHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (city or town) <u>Twin Falls</u> (State or country)			
	13. NAME <u>James Wells Balto</u>			
14. BIRTHPLACE (city or town) <u>Manney, Iowa</u> (State or country)				
15. MAIDEN NAME <u>Marjorie William Ireland</u>				
16. BIRTHPLACE (city or town) <u>Twin Falls</u> (State or country)				
17. INFORMANT <u>James Wells Balto</u> (Address)				
18. BURIAL, CREMATION OR REMOVAL <u>Filer, Ida</u> Place <u>Filer, Ida</u> Date <u>July 13 1937</u>				
19. UNDERTAKER <u>James Wells Balto</u> (Address)				
20. FILED <u>8-9-1937</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>July 11 1937</u>	1937
22. I HEREBY CERTIFY, That I attended deceased from <u>July 11 1937</u> to <u>July 11 1937</u> . I last saw him alive on <u>July 11 1937</u> ; death is said to have occurred on the date stated above, at <u>7:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Unconscio</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis? ... Was there an autopsy? ...	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury... 1937. Where did injury occur? ... (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify	
(Signed) <u>Ch. E. ...</u>	M. D.
(Address) <u>Twin Falls, Ida</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Twin Falls, Idaho</u> No. <u>Twin Falls County</u> St. <u>General Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>37</u> State File No. <u>257478</u> Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>418</u>	
2. FULL NAME OF CHILD <u>Mackie - Baby girl. (Stillborn)</u>			
3. Sex <u>1</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term _____	7. Legitimate? <u>yes</u>
9. Full name FATHER <u>Weslie R. Mackie</u>		18. Full maiden name MOTHER <u>Cleo Brinkerhoff</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Attica, Kansas</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Attica, Kansas</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Attica, Kansas</u>		22. Birthplace (city or place) (State or Country) <u>Mountain View, Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Unemployed @ present</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>37</u>		25. Date (month and year) last engaged in this work <u>now</u> , 19 <u>37</u>
17. Total time (years) spent in this work <u>15</u>		26. Total time (years) spent in this work <u>11 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>5</u> (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6</u> { months <u>or weeks</u>		30. Cause of Stillbirth <u>?</u> { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>45</u> a.m. on the date above stated. (Born Alive or Stillborn) (Signed) <u>W. J. Johnson</u> , M. D. or _____, Midwife Address <u>Twin Falls</u> Filed <u>8-10-</u> , 19 <u>37</u> <u>W. J. Johnson</u> Registrar.			



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 105570	
County of <u>Twin Falls, Idah</u>		CERTIFICATE OF DEATH		State File No.	
City of <u>Twin Falls,</u>		Registration District No. <u>37</u>			
AUG 13 1937 (If death occurred in a hospital or institution, give its name instead of street and number) Still birth		Primary Registration District No. <u>2085</u> Twin Falls General Hosp		Local Registrar's No. <u>174</u>	
2. FULL NAME		(No.) Kansas			
(a) Residence. No.		(If nonresident give city or town and state)			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) July 27th 1937					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
	0	0	0		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
					11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Twin Falls, (State or country) Idaho					
MOTHER FATHER	13. NAME Weslie R. Mackie				
	14. BIRTHPLACE (city or town) Attica, (State or country) Kansas				
	15. MAIDEN NAME Cleo Brinkerhoff				
	16. BIRTHPLACE (city or town) Mountain View, (State or country) Missouri,				
17. INFORMANT Birth Certificate (Address)					
18. BURIAL, CREMATION OR REMOVAL Place Date, 193..					
19. UNDERTAKER None (Address)					
20. FILED 8/11/37 193..					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) July 27 1937					
22. I HEREBY CERTIFY, That I attended deceased from July 27 , 1937, to July 27 , 1937, last saw him alive on, 1937; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:					
Pneumonia (4 mos.) malnutrition of mother					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193..					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) W. R. Mackie M. D.					
(Address) Twin Falls, Idah					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

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- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 257639**

SEP 13 1937

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Asaph St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 568

2. FULL NAME OF CHILD Cleve G. Richardson - Stillborn

3. Sex <u>M.</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>8-7-1937</u> (Month, Day, Year)
------------------	--------------------	----------------------------------	---------------------------------------	---	---------------------------	--

9. Full name FATHER Lynn B. Richardson
10. Residence (usual place of abode) 1120 Fort St. Boise Idaho
(If non-resident, give place and State) Boise Idaho
11. Color or race W. 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Utah

18. Full maiden name MOTHER Harriet Ray
19. Residence (usual place of abode) 1120 Fort St. Boise Idaho
(If non-resident, give place and State) Boise Idaho
20. Color or race W. 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Intermountain Lumber Co.
16. Date (month and year) last engaged in this work So date 1937
17. Total time (years) spent in this work 4 yrs.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work So date 1937
26. Total time (years) spent in this work 3 yrs.

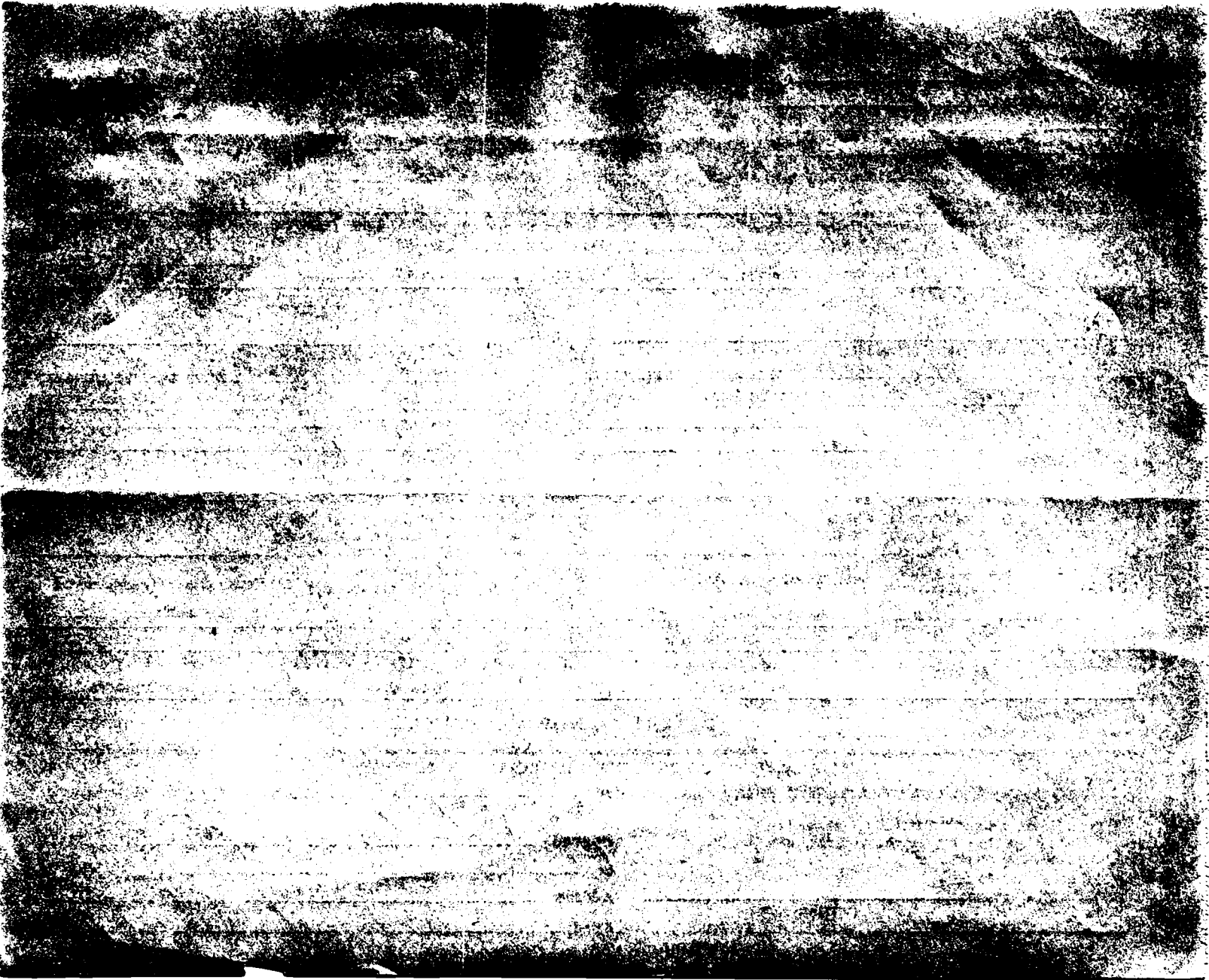
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation Full { months or weeks

30. Cause of stillbirth Admitted Before labor
labor with loss of placenta During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive (or Stillborn))
(Signed) E. J. Knowlton, M. D.
or _____, Midwife
Address _____
Filed 8-20-1937 E. J. Sharp
Registrar, _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar, _____



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cleve Richardson(a) Residence No. 1120 Fort Street

(Usual place of abode)

St. Boise Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 8-4-7. AGE Years Months Days If LESS than 1 day hrs. or min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

Boise, Idaho

12. BIRTHPLACE (city or town) (State or country)

13. NAME Lynn G. Richardson14. BIRTHPLACE (city or town) (State or country) Fernall Utah15. MAIDEN NAME Harriet Edna Ray16. BIRTHPLACE (city or town) (State or country) Horseshoe Bend Idaho17. INFORMANT Lynn G. Richardson
(Address) 1120 Fort St. Boise Idaho18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 8-6- 193719. UNDERTAKER Schreiber & McEann
(Address) Boise Idaho20. FILED 8-6- 1937 R. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

105633

State File No.

Local Registrar's No. 243

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-4-1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 4 1937, to Aug 4 1937I last saw him Still born 1937: death is saidto have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Still birth Date of onset

Other contributory causes of importance:

Name of operation None Date of ✓What test confirmed diagnosis Chl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Sharp M. D.(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		
County of <u>Ada</u>			Registration District No. <u>2</u> State File No. <u>S 257652</u>		
City of <u>Boise</u>			Local Registrar's No. <u>581</u>		
No. <u>St. Luke's Hospital</u>			Prim. Registration District No. <u>1004</u>		
(If born in hospital or institution give name.)			Local Registrar's No. <u>581</u>		
2. FULL NAME OF CHILD <u>Baby Fancher</u>					
3. Sex <u>F</u> If plural births { 4. Twin, triplet, or other <u>1</u> 5. Number, in order of birth <u>1</u> 6. Premature <u>30 days</u> 7. Legitimate <u>yes</u> 8. Date of birth <u>8-18, 1937</u> (Month, Day, Year)					
9. Full name <u>C. A. Fancher</u>			18. Full maiden name <u>Mary D. Largent</u>		
FATHER			MOTHER		
10. Residence (usual place of abode) <u>941 N. 1st St. Boise</u>			19. Residence (usual place of abode) <u>Boise Hotel</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>W.</u>			20. Color or race <u>W.</u>		
12. Age at last birthday <u>37</u> (years)			21. Age at last birthday <u>37</u> (years)		
13. Birthplace (city or place) <u>Myers, Oregon</u>			22. Birthplace (city or place) <u>Boise, Montana</u>		
(State or Country)			(State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Boise Hotel</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>1</u>					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation { months or weeks					
30. Cause of Stillbirth { Before labor During labor					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:04 P. M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

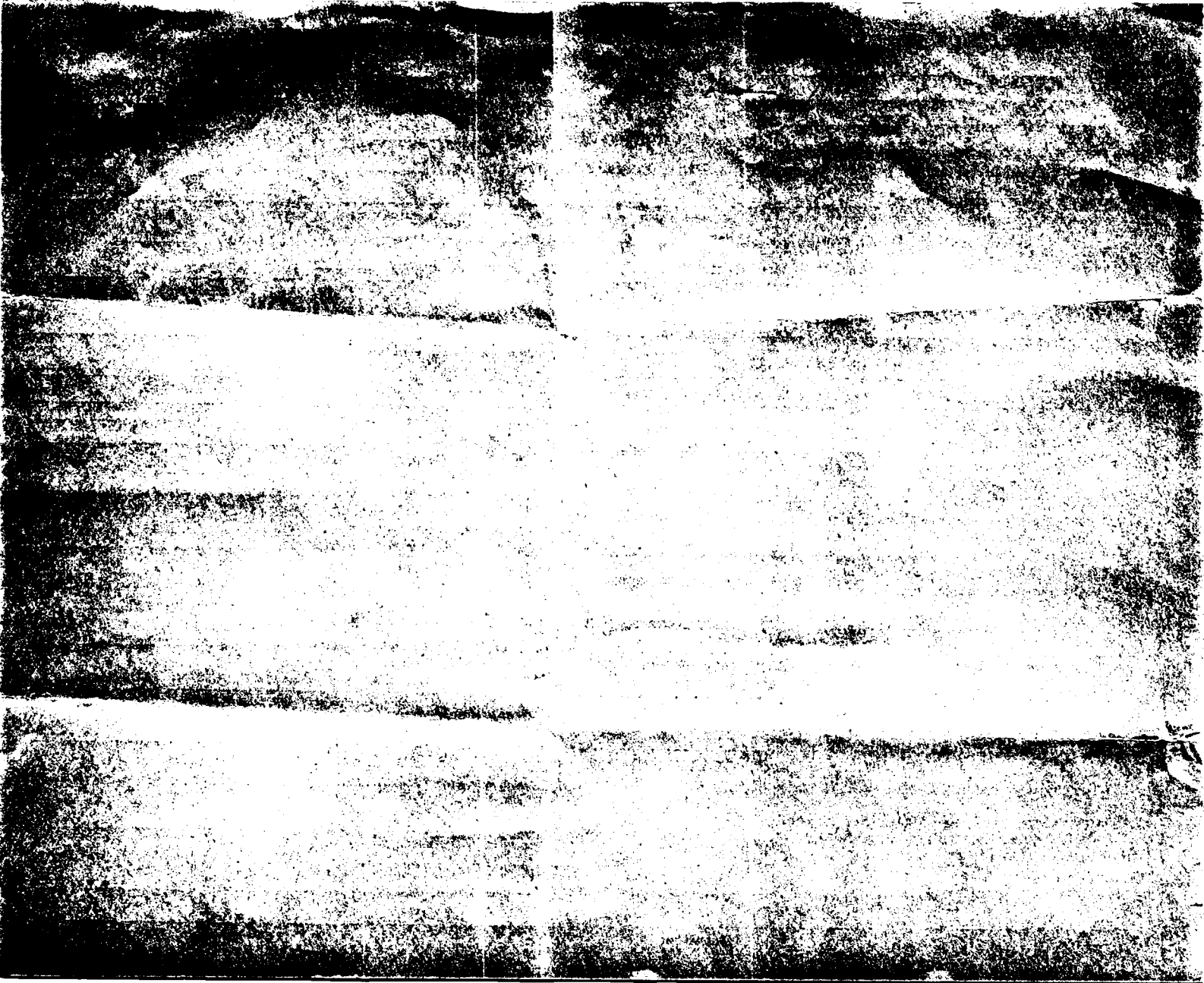
(Signed) D. M. Bristan, M. D.

or _____, Midwife

Address 8-27

Filed 8-27, 1937 R. Sharp

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Baby Forbes

(a) Residence No. 206

Bristol Hotel

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/18/37

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

13. NAME C. A. Forbes

14. BIRTHPLACE (city or town) Nyssa, Oregon
(State or country)

15. MAIDEN NAME Mary D. Largent

16. BIRTHPLACE (city or town) Belt, Montana
(State or country)

17. INFORMANT C. A. Forbes
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL Place Morris Hill Date 8/19/37, 1937

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 8-20, 1937 R. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 10564

Local Registrar's No. 258

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/18 1937

22 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1937, to Aug 18, 1937

I last saw her Still Born: death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

Placenta Abruptio Date of onset Aug 4
estimated

Other contributory causes of importance:

Don't know

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1937

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. N. Braxton M. D.
(Address) Braxton

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

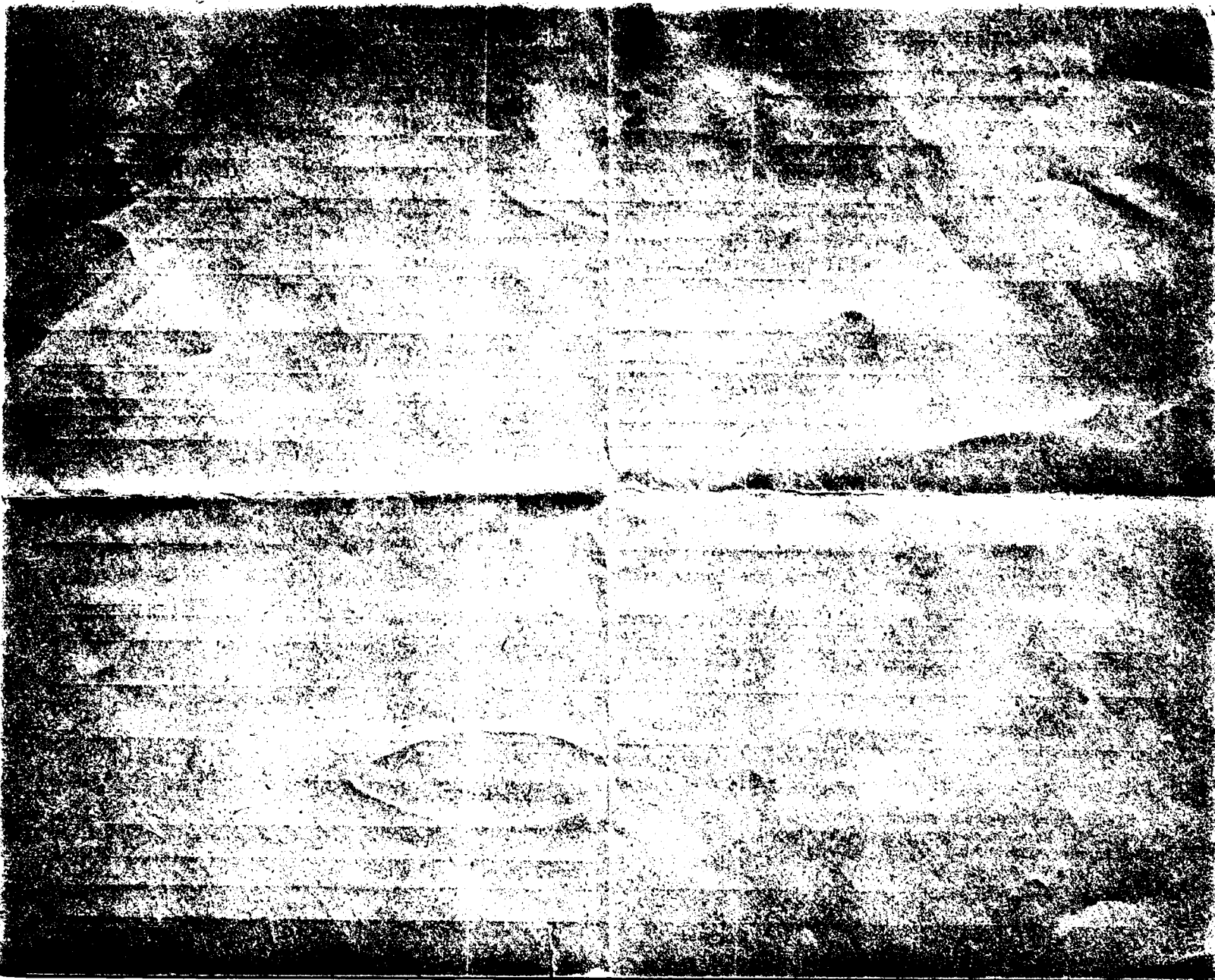
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>L. A. S. Hospital</u> St.		CERTIFICATE OF BIRTH S 257824	
(If born in hospital or institution give name.)		Registration District No. <u>73</u> State File No. <u>547</u>	
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2150</u> Local Registrar's No. <u>547</u>	
3. Sex <u>boy</u>		8. Date of birth <u>8-20, 1937</u>	
If plural births { 4. Twin, triplet, or other <u>2 mo.</u> 5. Number, in order of birth <u>1</u>		6. Premature <u>no</u> 7. Legitimate? <u>yes</u>	
9. Full name <u>Edward Van Davis</u>		18. Full maiden name <u>LeEtte Charlotte Schellberg</u>	
10. Residence (usual place of abode) <u>105 13th St.</u>		19. Residence (usual place of abode) <u>105 13th St.</u>	
(If non-resident, give place and State) <u>Idaho</u>		(If non-resident, give place and State) <u>Idaho Falls</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>26 (years)</u>		21. Age at last birthday <u>28 (years)</u>	
13. Birthplace (city or place) <u>Aberdeen</u>		22. Birthplace (city or place) <u>Great Falls</u>	
(State or Country) <u>Idaho</u>		(State or Country) <u>Montana</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Notate Judge</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bonneville County</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
16. Date (month and year) last engaged in this work <u>August, 1937</u>		25. Date (month and year) last engaged in this work <u>August, 1937</u>	
17. Total time (years) spent in this work <u>1 year</u>		26. Total time (years) spent in this work <u>2 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation { months or weeks		30. Cause of Stillbirth { Before labor During labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> 7:00 p. m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>[Signature]</u> M. D.	
Give name added from a supplemental report		or <u>[Signature]</u> Midwife	
(Date of)		Address <u>Idaho Falls Idaho</u>	
Registrar.		Filed <u>Aug 20</u> 1937 <u>Confirmed</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 13Primary Registration District No. 214-D(No. L.A. & Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 165

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX boy 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Stillbirth
6. DATE OF BIRTH (month, day, and year) 8-20-37
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER/FATHER

13. NAME Edward Van Davis
14. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho
15. MAIDEN NAME De Ette Charlotte Schellberg
16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT Mr. Edward Van Davis
(Address) _____18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date 9/20, 193719. UNDERTAKER None
(Address) _____20. FILED 8/20, 1937 Edmund
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 105718

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/20 193722. I HEREBY CERTIFY That I attended deceased from Aug 20, 1937 to Aug 20, 1937I last saw him alive on Aug 20, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxia resulting from Aug 20
(Compression cord)

Other contributory causes of importance:

Breach only Aug 20
Premature 8 mo

Name of operation Breach only Date of 8/20What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Edmund M. D.(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St. A. D. Hospital
(If born in hospital or institution give name.)

SEP - 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S257825**

Registration District No. 3 State File No. _____

Prim. Registration District No. 210-D Local Registrar's No. 548

57.11 born Baby Jones

3. Sex boy If plural { 4. Twin, triplet, or other _____ 6. Premature no 7. Legiti-
births { 5. Number, in order of birth _____ Full term no mate? yes 8. Date of birth 8-28-1937
(Month, Day, Year)

9. Full name FATHER Archie Thomas Jones 18. Full maiden name MOTHER Frances Leore Abter

10. Residence (usual place of abode) Route 2, Shelley 19. Residence (usual place of abode) Route 2, Shelley
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 (years) 20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Deer Creek County 22. Birthplace (city or place) Okateville
(State or Country) Oklahoma (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rented farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work August, 1937 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work August, 1937 26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

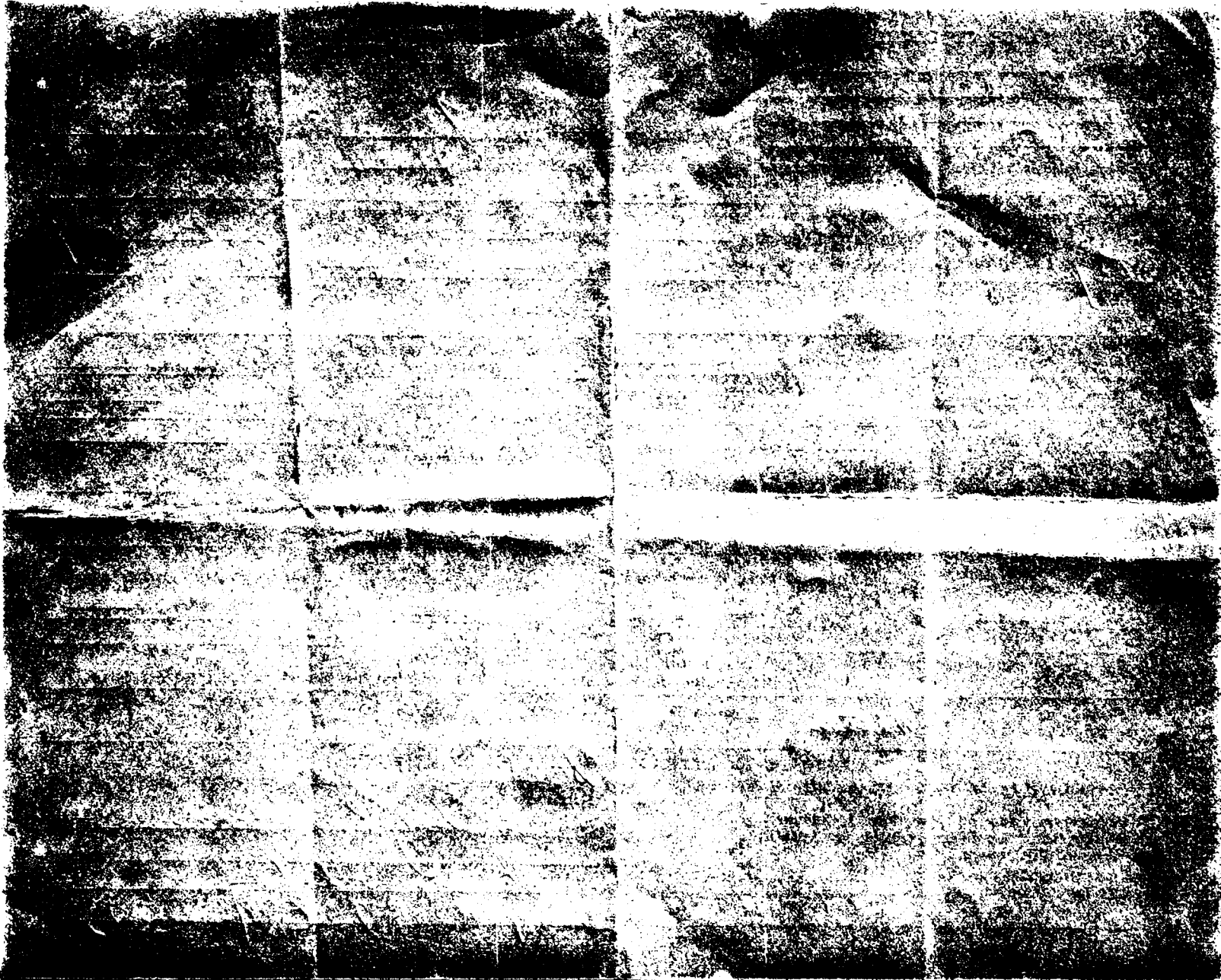
Registrar.

(Signed) W. Lloyd Schiers, M. D.

or _____, Midwife

Address Shelley, Idaho

Filed Aug 20 1937 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Shoshone Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
105721
State File No. _____

Registration District No. 73

Primary Registration District No. 2180

Local Registrar's No. 170

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Infant Jones

(a) Residence, No. Shelley, Idaho St. 206
(Usual place of abode)

(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 28, 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone Falls
(State or country) Idaho

13. NAME Archie Jones

14. BIRTHPLACE (city or town) Shoshone Falls
(State or country) Idaho

15. MAIDEN NAME Ladore Abter

16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

17. INFORMANT Archie Jones
(Address) Shelley, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date Aug 30, 1937

19. UNDERTAKER J. A. Wood
(Address) Idaho Falls, Idaho

20. FILED Aug 28, 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1937, to Aug 28, 1937
Stillborn

I last saw Stillborn alive on Aug 28, 1937; death is said to have occurred on the 28th above, at 2: a. m.
The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset
Other contributory causes of importance:
Toxemia of pregnancy (Methu) July 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. L. Lloyd, M. D.
(Address) Shelley, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
SEP - 7 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 257881

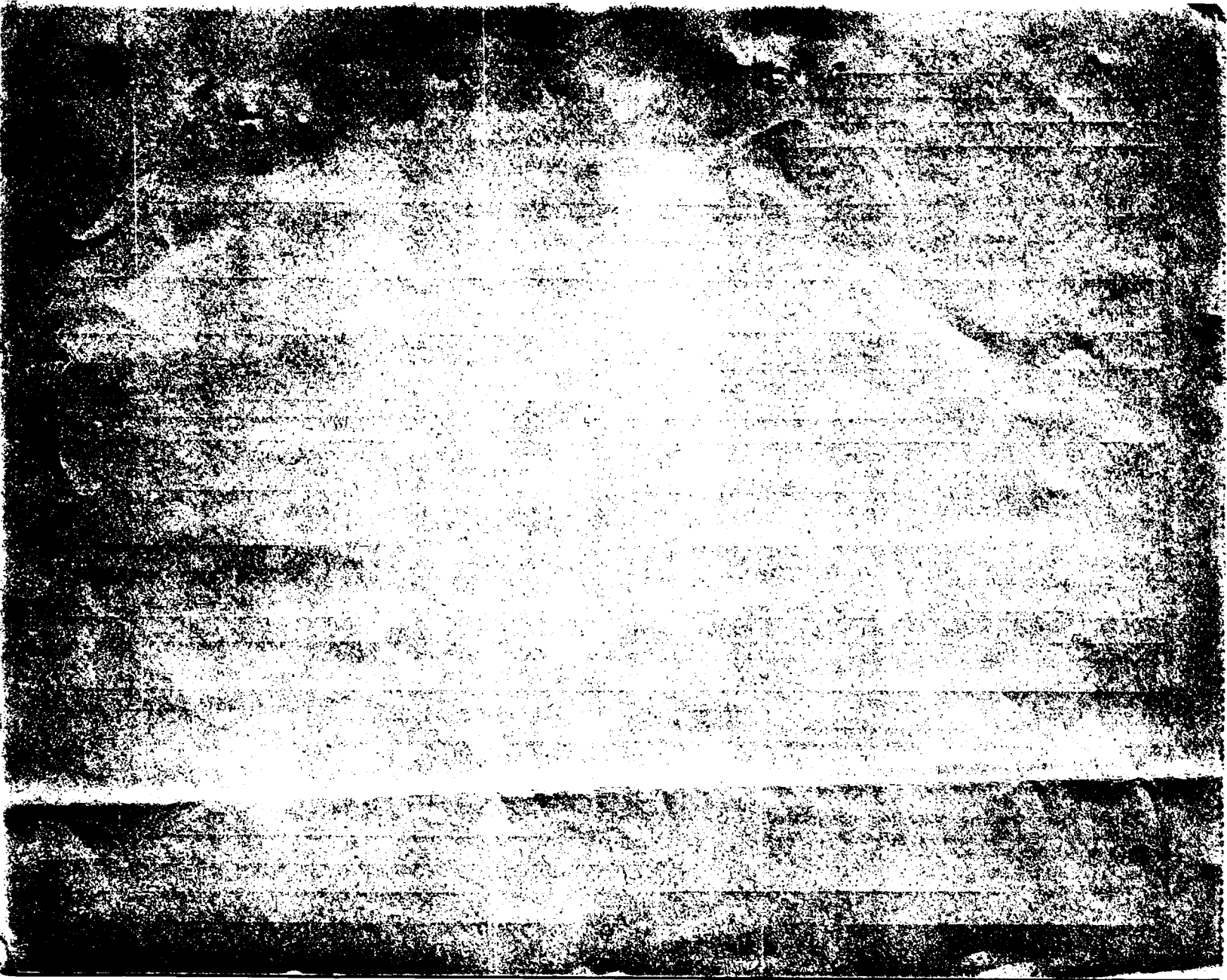
1. PLACE OF BIRTH
County of Butte
City of Arco
No. Arco Hospital St. _____
Registration District No. 59 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2129 Local Registrar's No. 24
2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Aug 15, 1937 (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Jess Yager</u>	18. Full maiden name <u>Stella Bowen</u>	10. Residence (usual place of abode) <u>Greeley Colo.</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Greeley Colo.</u> (If non-resident, give place and State)
11. Color or race <u>W.</u>	12. Age at last birthday <u>50</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>45</u> (years)
13. Birthplace (city or place) <u>Caney Kansas</u> (State or Country)	22. Birthplace (city or place) <u>Blue Mountain Ind.</u> (State or Country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse dealer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____	19. _____	19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 2
29. If stillborn, period of gestation full term { months or weeks _____
30. Cause of stillbirth not known { Before labor yes about 1 week During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at 7 A. m. on the date above stated.
(Born alive or Stillborn)
(Signed) _____ M. D.
or M. G. Dietrich - nurse Midwife
Address Arco - Idaho
Filed Aug 15, 1937 Mary G. Dietrich
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>105725</u>	
County of <u>Butte</u>	City of <u>Arco</u>	Registration District No. <u>59</u>		Local Registrar's No. <u>11</u>	
SEP - 1937		Primary Registration District No. <u>2129</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn</u>					
(a) Residence. No. <u>Shreeley Coto.</u>		St. <u>206</u>			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 15, 37</u>					
7. AGE <u>Still born</u>		If LESS than 1 day hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation <u>Ida.</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Arco Ida.</u>					
MOTHER FATHER	13. NAME <u>Jess Yager</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Stella Bowen</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
17. INFORMANT (Address) <u>Mrs. Stella Yager Shreeley Coto.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Arco Idaho</u> Date <u>Aug 16, 1937</u>					
19. UNDERTAKER (Address) <u>none</u>					
20. FILED <u>Aug 15, 1937</u> <u>Mary E. Dietrich</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Aug. 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw her alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Born</u>					Date of onset
<u>(not known why)</u>					
Other contributory causes of importance:					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>J. R. Egert</u> M. D.					
(Address) <u>Arco Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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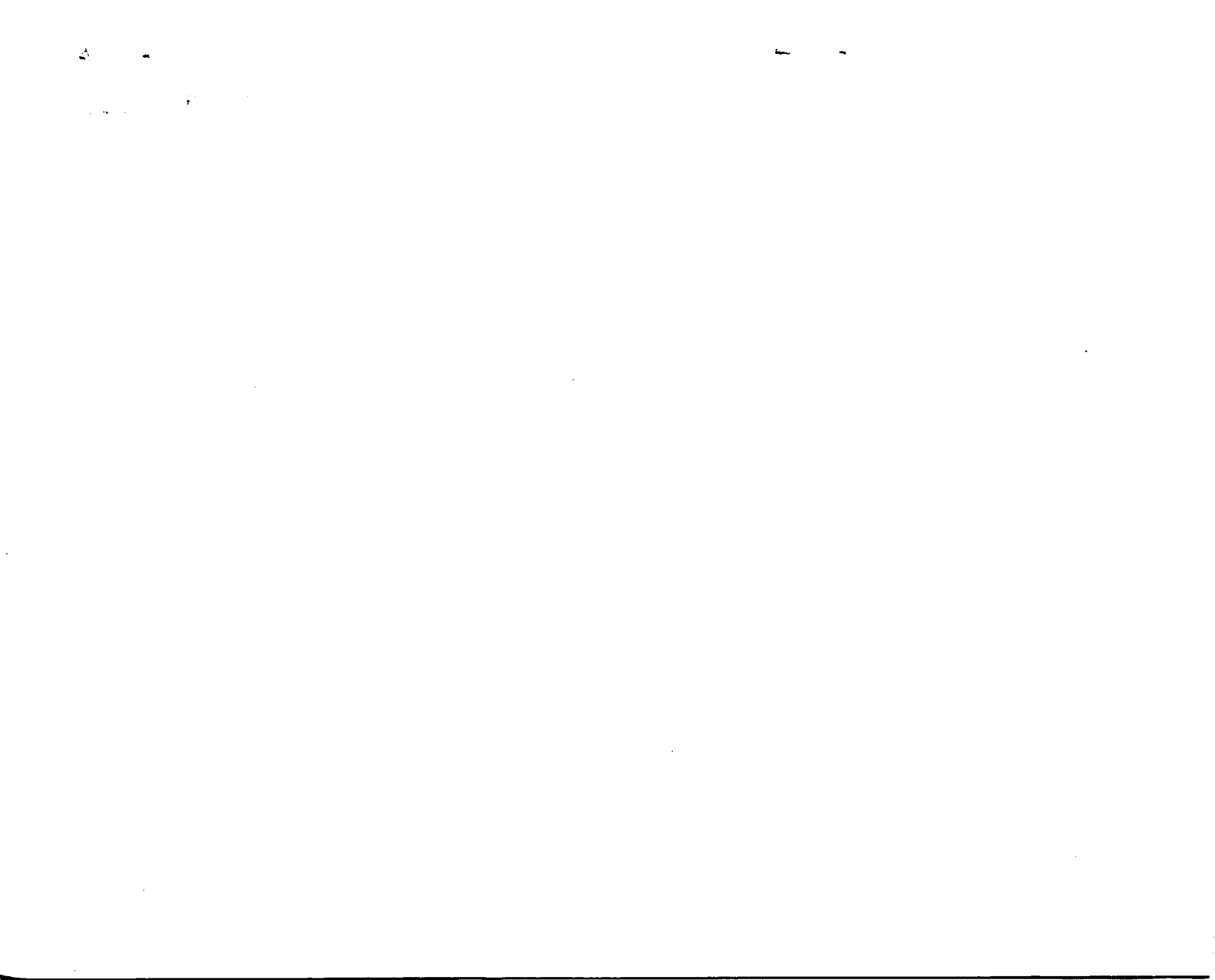
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Camas</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Fairfield</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		AUG 28 1937	
		CERTIFICATE OF BIRTH	
		Registration District No. <u>5-8</u> State File No. <u>257885</u>	
(If born in hospital or institution give name)		Prim. Registration District No. <u>5318</u> Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Claud Gray Robertson - Stillborn</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>
	5. Number, in order of birth _____	Full term <u>yes</u>	mate? <u>yes</u>
9. Full name <u>Claud Adams Robertson</u>		8. Date of birth <u>Aug. 15, 1937</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Fairfield Ida.</u>		18. Full maiden name <u>Violet Delpha Jones</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>23</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Fairfield Ida.</u>	
13. Birthplace (city or place) (State or Country) <u>Fairfield Ida.</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>17</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	22. Birthplace (city or place) (State or Country) <u>Fairfield Ida.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work <u>now working 1937</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
	17. Total time (years) spent in this work <u>8 yrs.</u>	25. Date (month and year) last engaged in this work <u>Aug. 13, 1937</u>	26. Total time (years) spent in this work <u>5 yrs.</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u> { months or weeks			
30. Cause of stillbirth <u>Before labor, no room for fetus</u> { Before labor _____ During labor <u>Distended</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>7</u> p.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>W.B. Robinson</u> M. D.			
or _____ Midwife			
Address <u>Fairfield Idaho</u>			
Filed <u>August 27, 1937</u> <u>W.B. Robinson</u> Registrar.			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of *Camas*City of *Fairfield*

AUG 28 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. *58*Primary Registration District No. *2318*

DO NOT WRITE IN THIS SPACE

105726

State File No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME *Claud Roy Robertson*

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 15, 1937

7. AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or ... min.

 died during birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Fairfield Idaho

13. NAME

Claud Adam Robertson

14. BIRTHPLACE (city or town) (State or country)

Fairfield Idaho

15. MAIDEN NAME

Violet Delpha Jones

16. BIRTHPLACE (city or town) (State or country)

Fairfield Idaho

17. INFORMANT (Address)

Claud A. Robertson

18. BURIAL, CREMATION OR REMOVAL

Place *Mountain View Cemetery*Date *Aug 16, 1937*

19. UNDERTAKER (Address)

Buried by family

20. FILED

*Aug 24, 1937**W. B. Robinson*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *Aug 15 1937*22. I HEREBY CERTIFY, That I attended deceased from *Aug 15*, 1937, to *Aug 15*, 1937.I last saw him alive on *Aug 15*, 1937; death is said to have occurred on the date stated above, at *1 p.m.*

The principal cause of death and related causes of importance were as follows:

*1st pelvis presentation
Baby suffocated before
I could deliver it.*

Date of onset

Aug 15

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 1937.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) *W. B. Robinson* M. D.(Address) *Fairfield Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

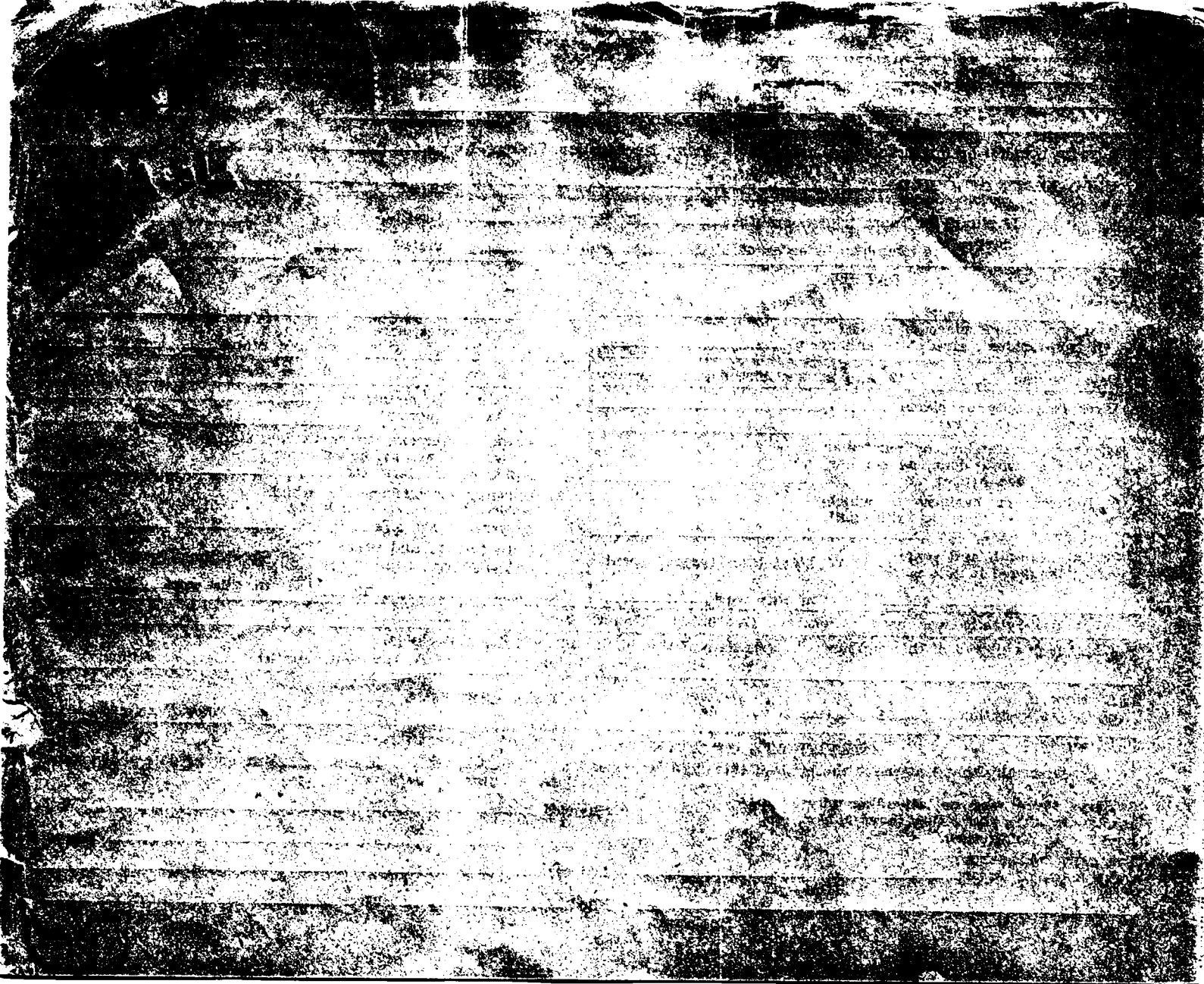
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Caldwell, Ida</u> No. _____ St. _____ <u>Garten Nursing Home</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH \$257906 Registration District No. <u>1</u> State File No. _____ Prim. Registration District No. <u>1005</u> Local Registrar's No. <u>189</u>	
2. FULL NAME OF CHILD <u>Benita Bell Houston - Stillborn</u>		3. Sex <u>Female</u> If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti- mate? <u>yes</u> 8. Date of birth <u>Aug 19 1937</u> (Month, Day, Year)	
9. Full name <u>Benjamin S. Houston</u> FATHER 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell Ida</u> 11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years) 13. Birthplace (city or place) (State or Country) <u>Idaho</u>		18. Full maiden name <u>Virginia Ann Tarrence</u> MOTHER 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell Ida</u> 20. Color or race <u>W</u> 21. Age at last birthday <u>22</u> (years) 22. Birthplace (city or place) (State or Country) <u>Ida</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Forest Guard</u> 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H. wife</u> 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full time</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Separation placenta</u> Before labor _____ During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3 a.m.</u> on the date above stated. (Born Alive or Stillborn) (Signed) <u>Hans J. Jikker</u> _____, M. D. or _____ Address <u>Caldwell, Ida</u> Filed <u>9/10</u> 1937 <u>W. Montgomery</u> Registrar.			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1005
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE
State File No. 105730

Local Registrar's No. 101

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Huston Stillborn
(a) Residence No. Caldwell, Ida.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Aug 9-1937
7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town and State or country) Caldwell, Idaho

13. NAME Ben J. Huston Jr.

14. BIRTHPLACE (city or town and State or country) Idaho

15. MAIDEN NAME Virginia Garman

16. BIRTHPLACE (city or town and State or country) Caldwell, Idaho

17. INFORMANT Ben J. Huston Jr.
(Address) Caldwell, Ida.

18. BURIAL, CREMATION OR REMOVAL Canyon Hill, Caldwell, Ida.

19. UNDERTAKER W. J. Schreyer
(Address) Caldwell, Ida.

20. FILED 101, 1937 1005

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 9-1937

22 I HEREBY CERTIFY, That I attended deceased from Stillborn, 1937, to _____, 1937.

I last saw him/her on _____, 1937: death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

separated placenta prematurely

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. J. Schreyer, M. D.

(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

County of Cassia
 City of Clayton
 No. _____ St. _____

SEP 13 1937

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

S

258025

Registration District No. 108 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2186 Local Registrar's No. 256

2. FULL NAME OF CHILD

unnamed - Stillborn

3. Sex On If plural births { 4. Twin, triplet, or other. _____ 6. Premature No 7. Legiti-
 5. Number, in order of birth. _____ Full term yes mate? yes 8. Date of birth 8-12, 1937
 (Month, Day, Year)

9. Full name FATHER Earl F. Crawford 18. Full maiden name MOTHER Angela Loveland
 10. Residence (usual place of abode) (If non-resident, give place and State) Clayton 19. Residence (usual place of abode) (If non-resident, give place and State) Clayton
 11. Color or race W 12. Age at last birthday 35 (years) 20. Color or race W 21. Age at last birthday 32 (years)
 13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labor 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 16. Date (month and year) last engaged in this work 8-12, 1937 17. Total time (years) spent in this work life
 OCCUPATION 25. Date (month and year) last engaged in this work 8-12, 1937 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn, none

28. Number of children of this mother (At time of this birth and including this child) 2
 (a) Born alive and now living. 1 (b) Born alive but now dead. 1 (c) Stillborn. 1

29. If stillborn, period of gestation Full term { months or weeks 9 30. Cause of Stillbirth Placenta during
 { During labor { Before labor {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:25 AM on the date above stated.
 (Born Alive or Stillborn)

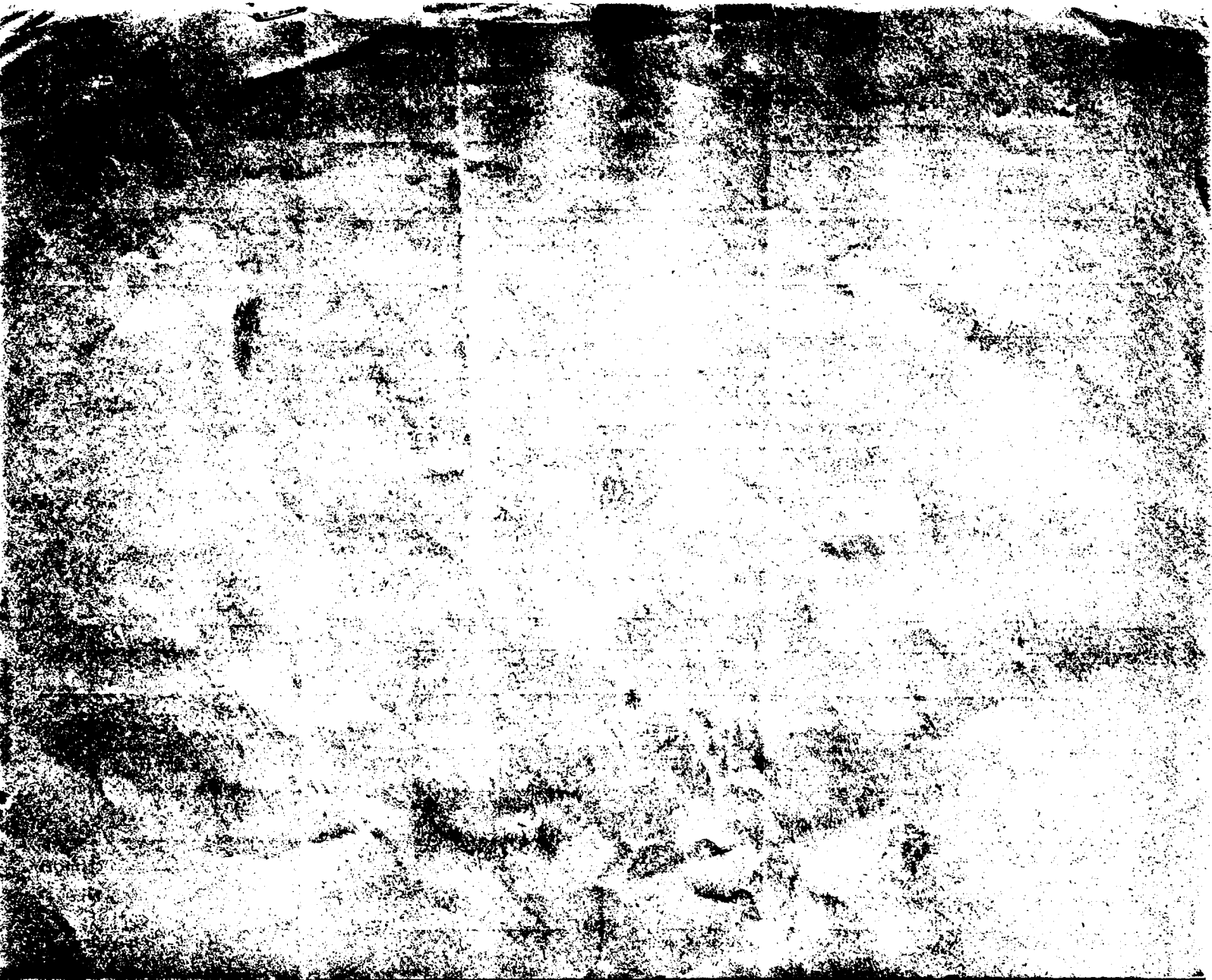
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report. _____
 (Date of) _____

(Signed) W. R. Frasier, M. D.
 or _____, Midwife
 Address Clayton, Ida
 Filed Aug 13, 1937. Edna McKenney
 Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Custer	CERTIFICATE OF DEATH		State File No. 105764	
City of	Clayton				
Registration District No. 128		Primary Registration District No. 2186		Local Registrar's No. 243	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME Infant named, still born					
(a) Residence. No. Clayton Ida St. Ida					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)			
M	W	S			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) 8/12/37					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.	
Stillborn					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) Clayton					
13. NAME Earl F Crawford					
14. BIRTHPLACE (city or town) (State or country) Idaho					
15. MAIDEN NAME Phyllis Loveland					
16. BIRTHPLACE (city or town) (State or country) Ida					
17. INFORMANT (Address) Earl F Crawford					
18. BURIAL, CREMATION OR REMOVAL 8/12/37					
Place. Challis Date. Ida 1937					
19. UNDERTAKER (Address) None					
20. FILED Aug. 13, 1937. Edna M. K. Kinsley					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 8/12 1937					
22. I HEREBY CERTIFY, That I attended deceased from 8/12/1937 to 8/12/1937					
I last saw him alive on 8/12/1937 death is said to have occurred on the date stated above, atm.					
The principal cause of death and related causes of importance were as follows:					
Still born due to placenta previa with separation					
Other contributory causes of importance: Separation of placenta, before birth of child					
Date of onset 8/12/37					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? No					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury... 1937.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? No If so, specify					
(Signed) W. R. Traeger M. D.					
(Address) Clayton Ida					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. Preston Memorial Hospital
(If born in hospital or institution give name)
2. FULL NAME OF CHILD Baby HENENSWANDER - Stillborn

3. Sex female
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature yes 7. Legitimate? yes
8. Date of birth Aug 1, 1937
(Month, Day, Year)

9. Full name FATHER Edward R. HENENSWANDER
10. Residence (usual place of abode) Weston, Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Weston, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work Present, 19__
17. Total time (years) spent in this work lifetime

18. Full maiden name MOTHER Letha Doble
19. Residence (usual place of abode) Weston, Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Clarkston, Utah
(State or Country)

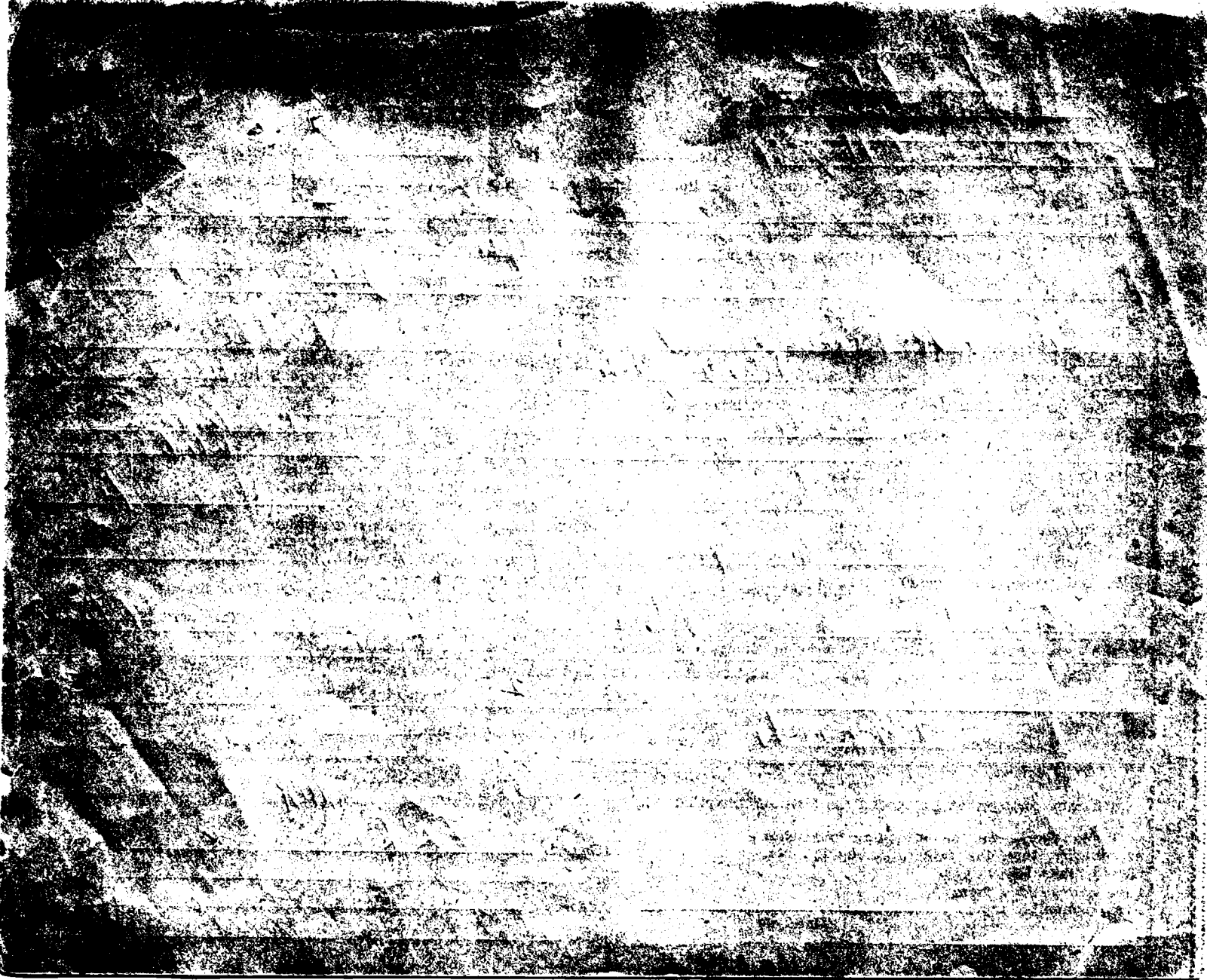
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work Present, 19__
26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no stillborn
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 3
29. If stillborn, period of gestation 7 1/2 months months or weeks
30. Cause of stillbirth { Before labor unknown
During labor none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____

(Signed) A. R. Daniels, M. D.
or _____, Midwife
Address Preston, Idaho
Filed Sept 8, 1937, G. W. States
Registrar.



WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

PHYSICIAN

EXACTLY.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

105767

State File No.

PLACE OF DEATH

County of Franklin
City of Preston

Registration District No. 27

Primary Registration District No. 2119

Local Registrar's No. 5

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. Weston, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. none yrs. mo. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 1, 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston
(State or country) Idaho

10. NAME OF FATHER Edward R. Henningsen

11. BIRTHPLACE OF FATHER (city or town) Weston
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Litha Dahl

13. BIRTHPLACE OF MOTHER (city or town) Clarksburg
(State or Country) W. Va.

14. Informant (Address) E. R. Henningsen

15. Filed Sept. 1, 1937 G. W. Stokes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 1 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1937, to Aug 1 1937
that I last saw him alive on stillborn and that death occurred, on the date stated above, at stillborn m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. B. Daines M. D.
5-1 1937 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal Western Idaho Date of Burial 19

20. Undertaker none Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of St. Memorial
No. Day St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Wilkes - Stillborn
3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? ye 8. Date of birth 9/23 1937 (Month, Day, Year)
9. Full name FATHER Ray Mayson Wilkes
10. Residence (usual place of abode) (If non-resident, give place and State) Thatcher
11. Color or race W 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Bloomington
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Same
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
18. Full maiden name MOTHER Leah Wilkes
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Cleveland
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 months { months or weeks 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:40 m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registarr. _____
(Signed) O. A. Cutler M. D.
or _____ Midwife
Address Preston Idaho
Filed Sept 8, 1937 H. W. Stabo Registrarr.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Franklin</u>		CERTIFICATE OF DEATH		State File No. <u>105773</u>	
City of <u>Preston</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>14</u>	
		Primary Registration District No. <u>219</u>			
(No. <u>13</u> 1937) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Welker</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug 23, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Preston</u>					
MOTHER	13. NAME <u>Ray Myron Weekes</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Bloomington</u>				
	15. MAIDEN NAME <u>Leatha Harris</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Cleveland</u>				
17. INFORMANT (Address) <u>R. M. Weekes</u> <u>Thatcher St.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 1937					
19. UNDERTAKER (Address) <u>none</u>					
20. FILED <u>Sept 8</u> , 1937 <u>G. W. Stiles</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) 1937					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 23, 1937</u> to <u>Aug 23, 1937</u>					
I last saw <u>h. alive</u> <u>Aug 23, 1937</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Prematurity 6 months gestation</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>C. B. Cutler</u> M. D. (Address) <u>Preston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

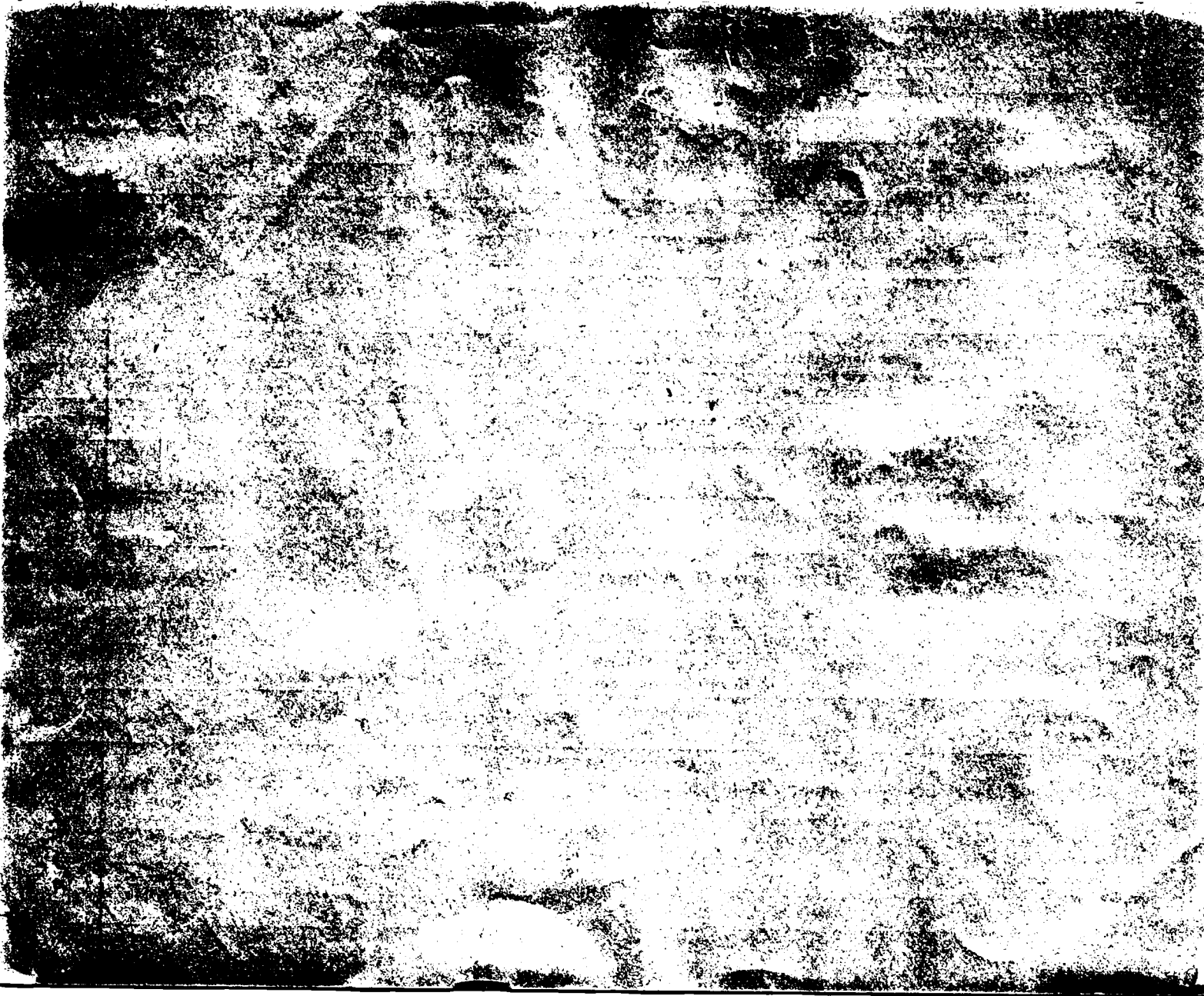
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>855-215</u>		STATE OF IDAHO	
County of <u>Idaho</u> <u>023-569</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Emmett</u>		BUREAU OF VITAL STATISTICS	
No. <u>1</u> St. <u>Emmett</u>		CERTIFICATE OF BIRTH	
Registration District No. <u>6</u>		State File No. <u>258087</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Beth Louise Henderson</u>			
3. Sex <u>F.</u>	If plural { 4. Twin, triplet, or other _____ births { 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>
8. Date of birth <u>Aug. 15, 1937</u> (Month, Day, Year)			
9. Full name <u>D. Lloyd Henderson</u> FATHER		18. Full maiden name <u>Lorraine Norton</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>W.</u> 12. Age at last birthday <u>19</u> (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Wyoming</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol</u> <u>4070</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>X</u>			
29. If stillborn, period of gestation <u>8 mos.</u> { months or weeks		30. Cause of Stillbirth { Before labor <u>Pharyngeal</u> During labor <u>constriction</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Aug. 15-1937</u> at <u>3:30</u> p. m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>[Signature]</u> M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Emmett</u>	
Registrar. _____		Filed <u>9/3/37</u> 1937 <u>[Signature]</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

State File No. 105781

SEP - 4 1937

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beth Louise Henderson(a) Residence. No. Emmett Hospital

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Still-birth

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

MOTHER FATHER 13. NAME Dee Lloyd Henderson
14. BIRTHPLACE (city or town) Osborne
(State or country) Wyoming
15. MAIDEN NAME Juanita Norton
16. BIRTHPLACE (city or town) Norton
(State or country) Oklahoma

17. INFORMANT Dee Lloyd Henderson
(Address) Emmett, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Ida Date Aug 17, 1937

19. UNDERTAKER C. D. Buckner
(Address) Emmett, Ida

20. FILED 8/17, 1937 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to Aug 15, 1937

I last saw h. alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Marginal placenta with
internal hemorrhage Date of onset 8-15-37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Reynolds, M. D.(Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

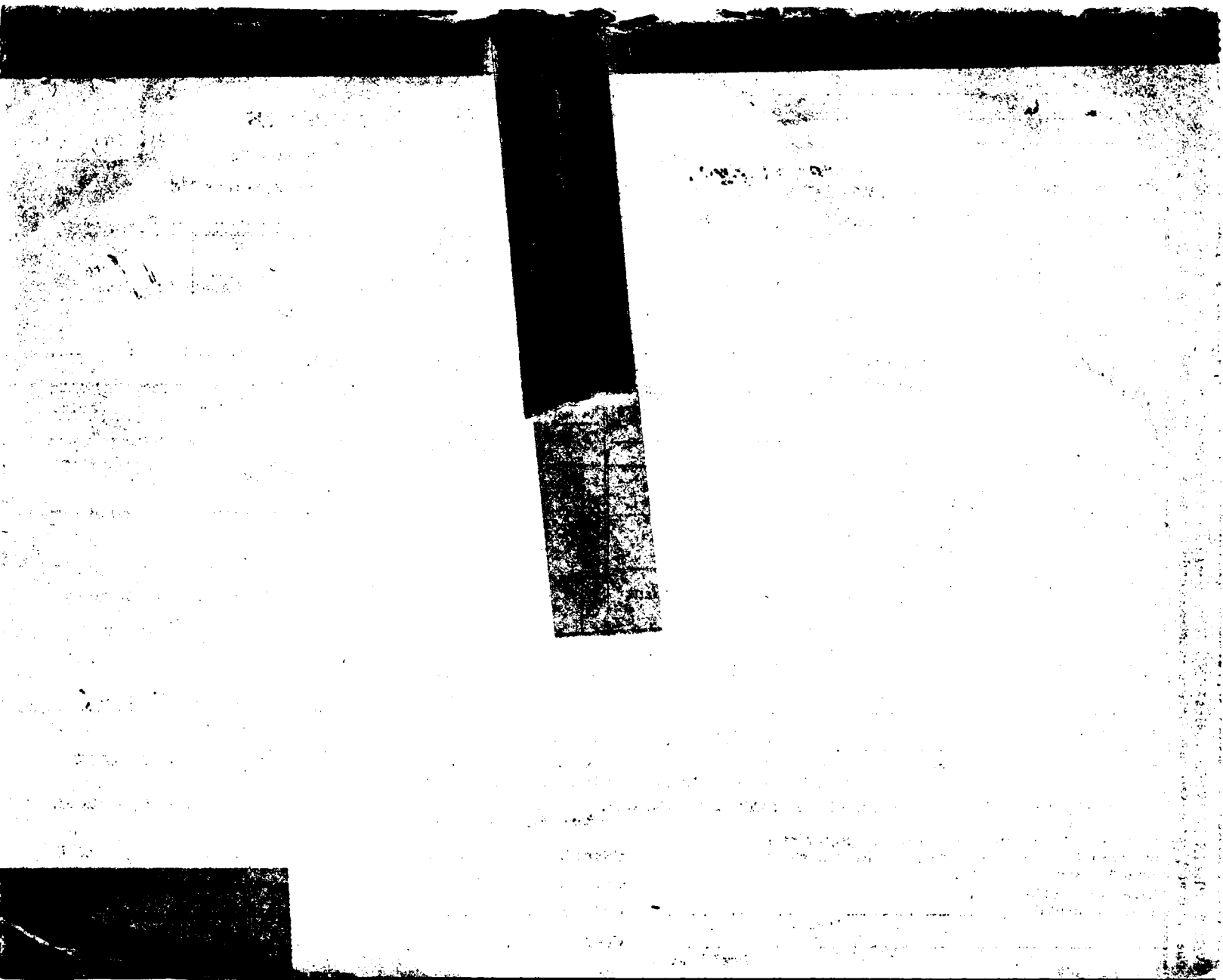
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Emmett</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 258101	
Registration District No. <u>6</u>		State File No. <u>258101</u>			
(If born in hospital or institution give name.)		Prim. Registrar District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Letha Spear</u> <u>Stillborn</u>					
3. Sex <u>Female</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
6. Premature _____		7. Legitimate? <u>yes</u>		8. Date of birth <u>Aug 19</u> 193 <u>7</u> (Month, Day, Year)	
9. Full name FATHER <u>James F. Hugh Spear</u>			10. Full name MOTHER <u>Gladys Rosalee Gray</u>		
11. Residence (usual place of abode) <u>Emmett</u> (If non-resident, give place and State)			12. Residence (usual place of abode) <u>Emmett</u> (If non-resident, give place and State)		
13. Color or race <u>W</u>			14. Age at last birthday <u>39</u> (years)		
15. Birthplace (city or place) <u>Arkansas</u> (State or Country)			16. Birthplace (city or place) <u>Oregon</u> (State or Country)		
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
21. Date (month and year) last engaged in this work _____			22. Date (month and year) last engaged in this work _____		
23. Total time (years) spent in this work _____			24. Total time (years) spent in this work _____		
25. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
26. Number of children of this mother (At time of this birth and including this child) <u>10</u>					
27. (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>2</u>					
28. If stillborn, period of gestation _____ months or weeks					
29. Cause of stillbirth <u>Misrepresentation</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:35 P.</u> m. on the date above stated.	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	
Give name added from a supplemental report _____	
(Date of) _____	
Registrar. <u>J. H. Reynolds</u>	
Address <u>Emmett, Ida.</u>	
Filed <u>8-19</u> , 193 <u>7</u>	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 105782	
County of <u>Ben</u>	City of <u>Emmett</u>	Registration District No. <u>6</u>		Local Registrar's No. _____	
SEP - 4 1937		Primary Registration District No. _____			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Retha Spear</u> - <u>St. Louis</u>					
(a) Residence. No. <u>Emmett Idaho</u> St. <u>206</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) _____					
7. AGE Years <u>Still born</u>	Months _____	Days _____	If LESS than 1 day _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Emmett Idaho</u>				
	13. NAME <u>James F. Spear</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>				
	15. MAIDEN NAME <u>Gladys Craig</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Oregon</u>					
17. INFORMANT <u>James F. Spear</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Emmett Idaho</u> Date <u>8/20</u> , 1937					
19. UNDERTAKER <u>Ed Buckner</u>					
20. FILED <u>8/20</u> , 1937 <u>J. H. Reynolds</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>8/19</u> 1937					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 19</u> , 1937, to <u>Aug 19</u> , 1937.					
I last saw him alive on <u>8/19</u> , 1937; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>This baby was born</u> <u>prematurely.</u> <u>Breath with difficulty in</u> <u>card respiration for last</u> <u>ent off circulation after</u> <u>Other contributory causes of importance:</u> <u>Delivery may too slow and</u> <u>hypoxia.</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____					
(Signed) <u>J. H. Reynolds</u> M. D.					
(Address) <u>Emmett Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 258130**

SEP 15 1937

1. PLACE OF BIRTH
County of Boise
City of Kootenai
No. St.

Registration District No. 106 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2184 Local Registrar's No. 59

2. FULL NAME OF CHILD Marjorie Lois Toll - Stillborn

3. Sex Female If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature No 7. Legitimate Yes 8. Date of birth Aug 8, 1937 (Month, Day, Year)

9. Full name of FATHER James Parker Toll
10. Residence (usual place of abode) (If non-resident, give place and State) Kootenai
11. Color or race White 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Bellevue, Co. Idaho

18. Full maiden name of MOTHER Viola Rebecca Wheatcraft
19. Residence (usual place of abode) (If non-resident, give place and State) Kootenai
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Kootenai, Ida.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Aug 8, 1937
17. Total time (years) spent in this work 2

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Aug 8, 1937
26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1
29. If stillborn, period of gestation 8 1/2 months or weeks 30. Cause of stillbirth Not discovered Before labor Yes During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. W. Wentworth, M. D.

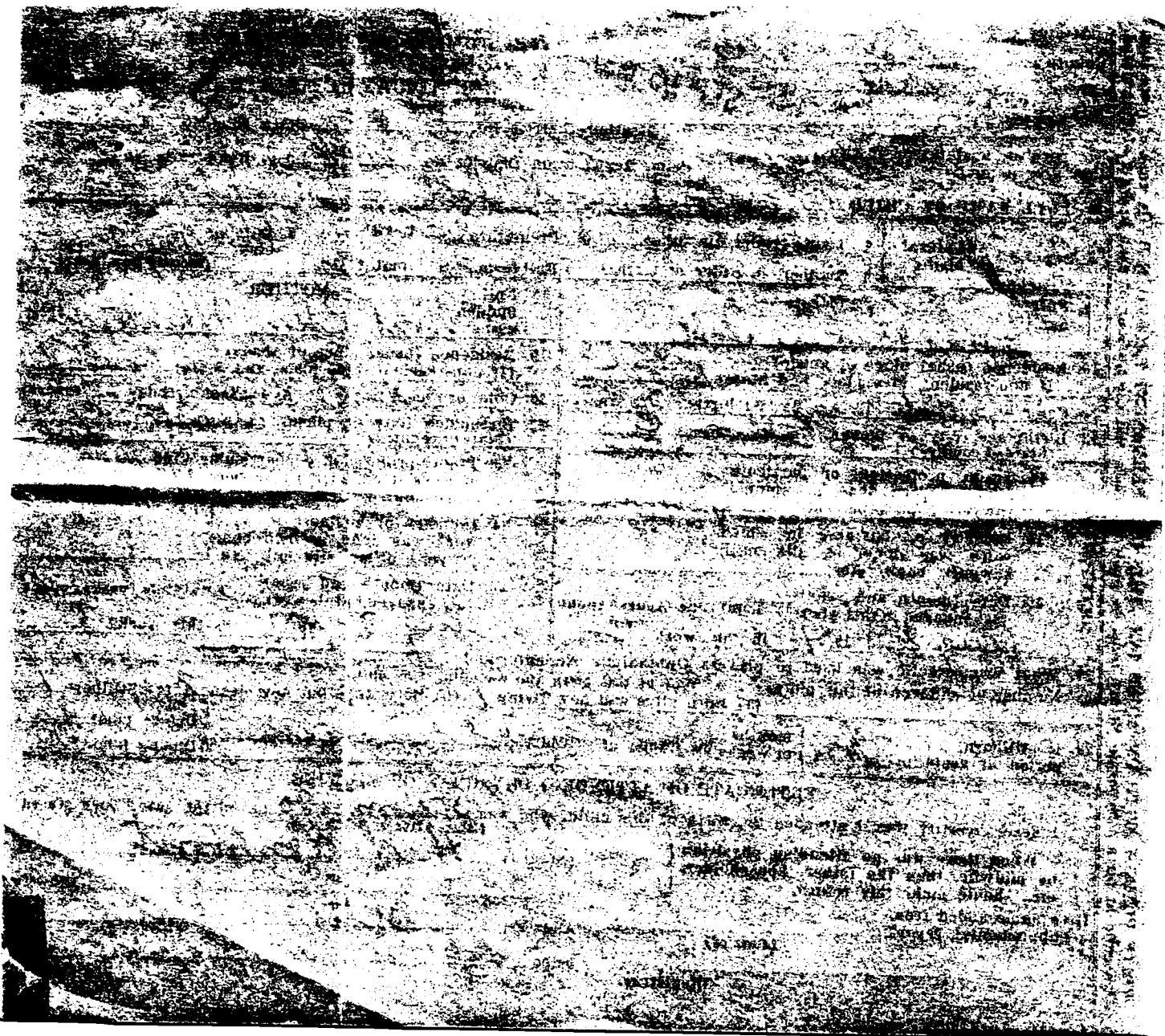
or , Midwife

Give name added from a supplemental report (Date of)

Address States Idaho

Filed Sept 10, 1937 J. M. Kerkum Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Korokia

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH -

DO NOT WRITE IN THIS SPACE

State File No. 105797

Registration District No. 106

Primary Registration District No. 2184

Local Registrar's No. 432

SEP 15 1937

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Margie Lois Toll

(a) Residence No. _____
(Usual place of abode)

St. Korokia Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year)

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. or _____ min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Korokia Idaho
(State or country)

13. NAME James Parker Toll

14. BIRTHPLACE (city or town) Calhoun Co Illinois
(State or country)

15. MAIDEN NAME Wright Rebecca Whetstone

16. BIRTHPLACE (city or town) Reverton Idaho
(State or country)

17. INFORMANT James Toll
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Korokia Date Aug 8, 1937

19. UNDERTAKER James Toll
(Address)

20. FILED Sept 10, 1937 J. M. K. K. K.
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193 7

22 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937, to Aug 7, 1937.

I last saw her alive on _____ 1937: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Born dead - No sign of life in utero for weeks or more

Other contributory causes of importance:

No discernable cause

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937 _____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. W. Wentworth M. D.
(Address Shutes Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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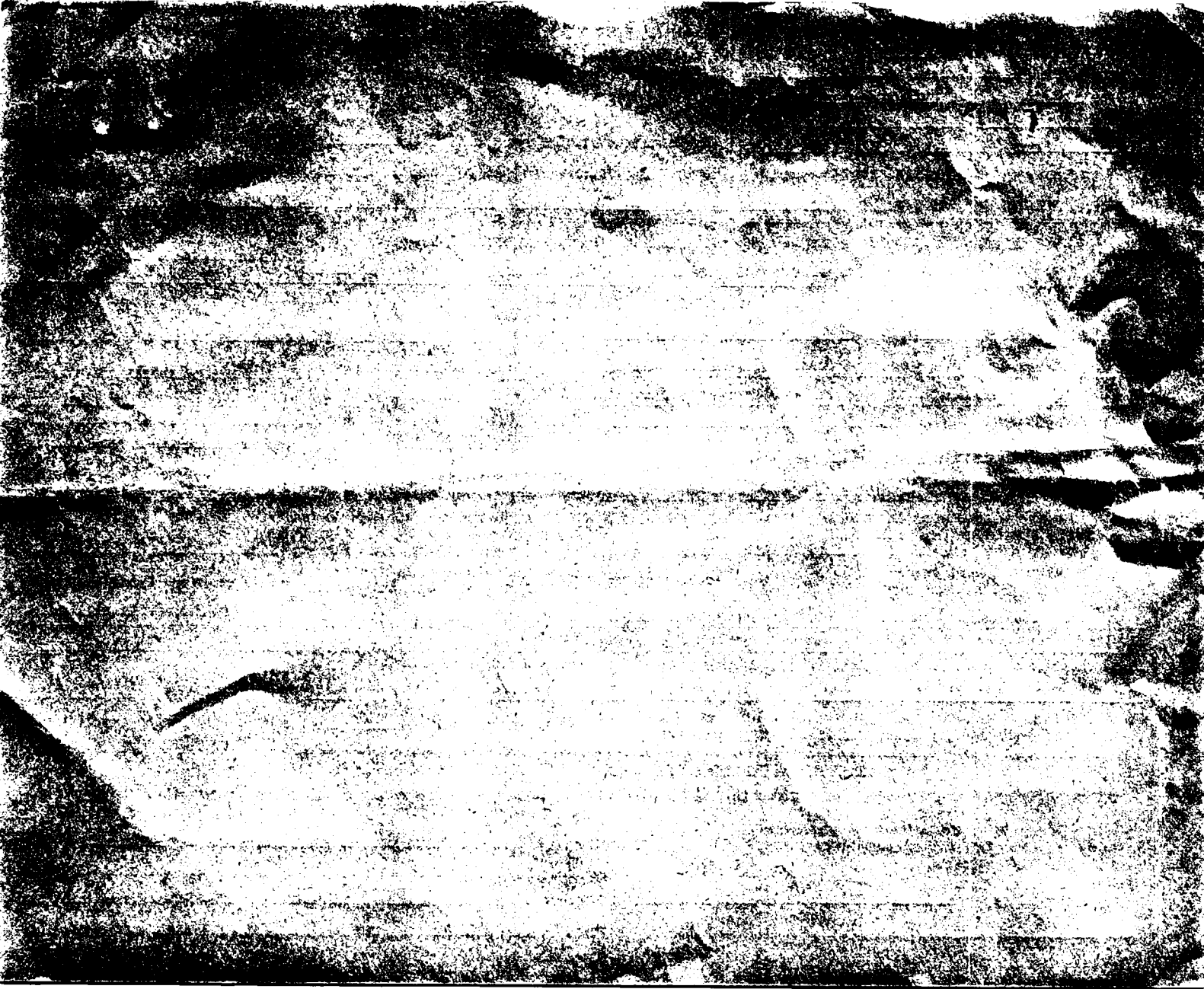
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Routenai</u>	City of <u>Spirit Lake</u>	SEP 10 1937	
No. <u>1</u>	St. _____	CERTIFICATE OF BIRTH	
Registration District No. <u>45</u>		State File No. <u>S 258195</u>	
(If born in hospital or institution give name)		Prim. Registration District No. _____ Local Registrar's No. <u>21</u>	
2. FULL NAME OF CHILD <u>Infant Francis - Stillborn</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____
		6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <u>yes</u>
			8. Date of birth <u>Aug 9, 1937</u> (Month, Day, Year)
9. Full name FATHER <u>Lloyd Emerson Francis</u>		10. Residence (usual place of abode) <u>Spirit Lake</u> (If non-resident, give place and State)	
11. Color or race <u>white</u>		12. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Colorado</u>		14. Trade, profession, or particular kind of work done, as spinner, <u>Log Laborer</u> , sawyer, bookkeeper, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Logging Camp</u>		16. Date (month and year) last engaged in this work <u>at present</u>	
17. Total time (years) spent in this work <u>3 mo</u>		18. Full maiden name MOTHER <u>Mable Maloline Coker</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Spirit Lake</u>		20. Color or race <u>white</u>	
21. Age at last birthday <u>20</u> (years)		22. Birthplace (city or place) (State or Country) <u>Pine City Washington</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Keeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
25. Date (month and year) last engaged in this work <u>at present</u>		26. Total time (years) spent in this work <u>2 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 1/2 months</u>		30. Cause of stillbirth <u>?</u>	
months or weeks		{ Before labor <u>X</u> During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>4 A.</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Farrest Joulinson</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Spirit Lake Idaho</u>	
Registrar.		Filed <u>Aug 10</u> , 1937 <u>act sponsor</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

SEP 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 45

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

State File No. 105807Local Registrar's No. 5

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Francis - Stillborn

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs.

(If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug - 9 - 1937

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spirit Lake
(State or country) Idaho

13. NAME Lloyd Francis

14. BIRTHPLACE (city or town) Colorado
(State or country)

15. MAIDEN NAME Mable M. Coker

16. BIRTHPLACE (city or town) Washington
(State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 193..

19. UNDERTAKER (Address) None

20. FILED Aug 12, 1937 A. C. Spooner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) — 193 7

22. I HEREBY CERTIFY That I attended deceased from delivered Aug 9 to 9, 193 7.

I last saw him alive on 193...; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Stillborn
About 6 1/2 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 193..

Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Harriet L. Spooner M. D.
(Address) Spirit Lake Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

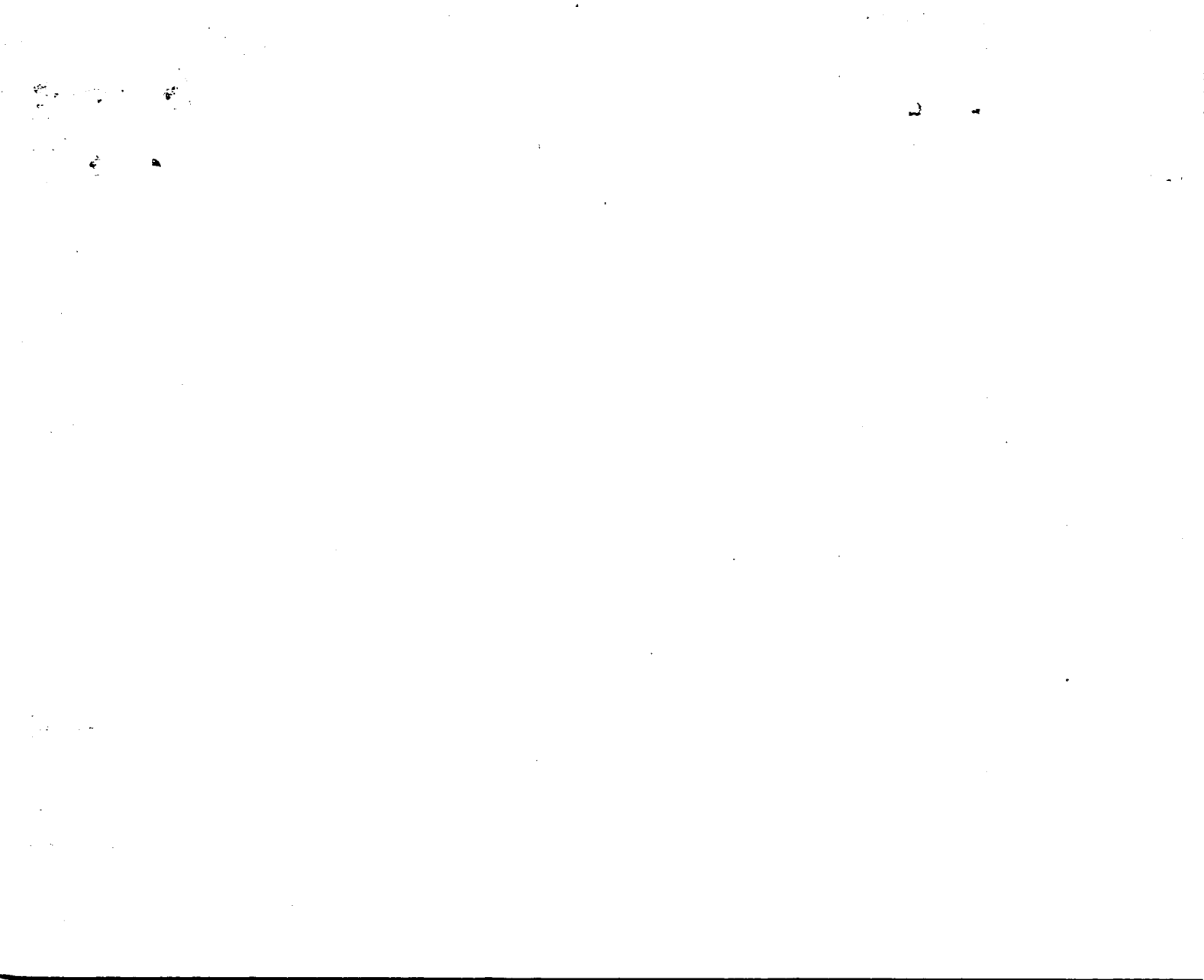
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Butte</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Garwood</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
Registration District No. <u>30</u>		State File No. <u>S 258207</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1050</u> Local Registrar's No. <u>187</u>	
2. FULL NAME OF CHILD <u>Stillborn Jones (Baby girl)</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____	5. Premature <u>yes</u>	6. Legiti- mate? <u>yes</u>
7. Date of birth <u>Aug 16, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Claude B. Jones</u>		18. Full maiden name MOTHER <u>Cecil Wilson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Garwood</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Garwood</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>42</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>41</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Iowa</u>		22. Birthplace (city or place) (State or Country) <u>Arkansas</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sec. Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>G. P. Section</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>present, 1937</u>		17. Total time (years) spent in this work _____
25. Date (month and year) last engaged in this work <u>Aug 15, 1937</u>		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u>			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>7 months</u> { months or weeks _____			
30. Cause of Stillbirth { During labor <u>separation of placenta</u> Before labor <u>the placenta</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>1:15 A.</u> on the date above stated.			
(Born Alive or Stillborn)			
(Signed) <u>A. F. Harning</u> , M. D.			
or _____, Midwife			
Address <u>Coverd's Alley, Idaho</u>			
Filed <u>Aug 16, 1937</u> <u>H. F. Harning</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Postonai
City of Garwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105823

Registration District No. 30
Primary Registration District No. 1050

Local Registrar's No. 144

SEP - 8 1937

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Baby girl Jones (Stillborn)
(a) Residence No. _____
(Usual place of abode) _____
(If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) single
6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 16, 1937

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. _____ or _____ min.
stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Garwood,
(State or country) Idaho

13. NAME Claude B. Jones

14. BIRTHPLACE (city or town) Garwa
(State or country) _____

15. MAIDEN NAME Cecil Wilson

16. BIRTHPLACE (city or town) Arkansas
(State or country) _____

17. INFORMANT Mr. Claude Jones
(Address) Garwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 1937

19. UNDERTAKER McConney Mortuary
(Address) Coeur d'Alene

20. FILED Aug. 16, 1937 Dr. F. F. Hanning
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/16 1937, to 8/16 1937.

I last saw Stillborn 1937. death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

stillborn baby
(fetal pneumonia)
placenta

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? pe. Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) F. F. Hanning, M. D.

(Address) Coeur d'Alene

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lac du Bonnet
City of Coeur d'Alene
No. 4 Route # 2 St.

RECEIVED
SEP - 8 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2582

Registration District No. 30 State File No. 2582

Prim. Registration District No. 1050 Local Registrar's No. 205

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Kenneth Lee Pock - Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug. 5, 1937
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Kenneth G. Pock

18. Full maiden name MOTHER Florence M. Lee

10. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State)

19. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years)

20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Sask. Canada
(State or Country)

22. Birthplace (city or place) Garrison, N. Dak.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Aug 1937 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work Aug 4, 1937 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation 6 1/2 mos. { months or weeks 30. Cause of Stillbirth _____ { During labor and asphyxia Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 4 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

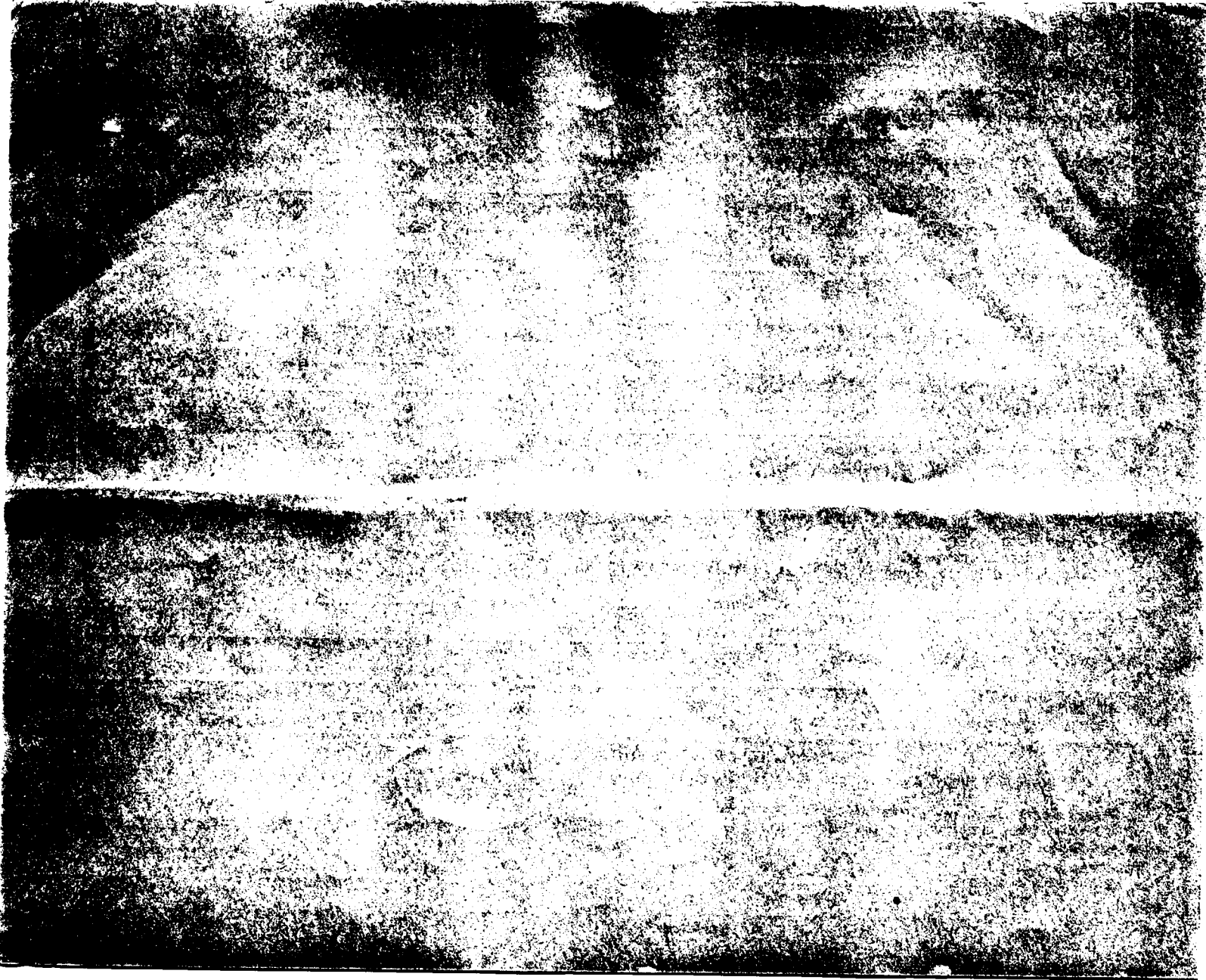
(Signed) Robert H. Huggins, M. D.

or _____, Midwife

Address Coeur d'Alene

Filed Aug. 30, 1937 Dr. J. F. Hanning
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 32Primary Registration District No. 1050

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Pock. (Male) Kenneth Lee(a) Residence. No. Rt. #2 C.D.A. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8--5--1937

7. AGE Years Months Days If LESS than 1 day
0 0 0 0 hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) ---
11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country)13. NAME Kenneth Pock14. BIRTHPLACE (city or town) Canada
(State or country)15. MAIDEN NAME Florence Lee16. BIRTHPLACE (city or town) N. Dakota
(State or country)17. INFORMANT Kenneth Pock
(Address)18. BURIAL, CREMATION OR REMOVAL C.D.A.
Place Forest. Date 8/6, 193719. UNDERTAKER Mooney Mortuary
(Address) C.D.A.20. FILED Aug. 8, 1937 Dr. J. J. Norning
Registrar.

Dr. Hubert Sturges.

DO NOT WRITE IN THIS SPACE

State File No. 105817Local Registrar's No. 138

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/5 193722. I HEREBY CERTIFY, That I attended deceased from At Birth, 1937, to At Birth, 1937.I last saw him alive on At Birth 4:30 P.M., 1937; death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Premature Birth
6 1/2 mos.

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Hubert Sturges M. D.(Address) Coeur d'Alene, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

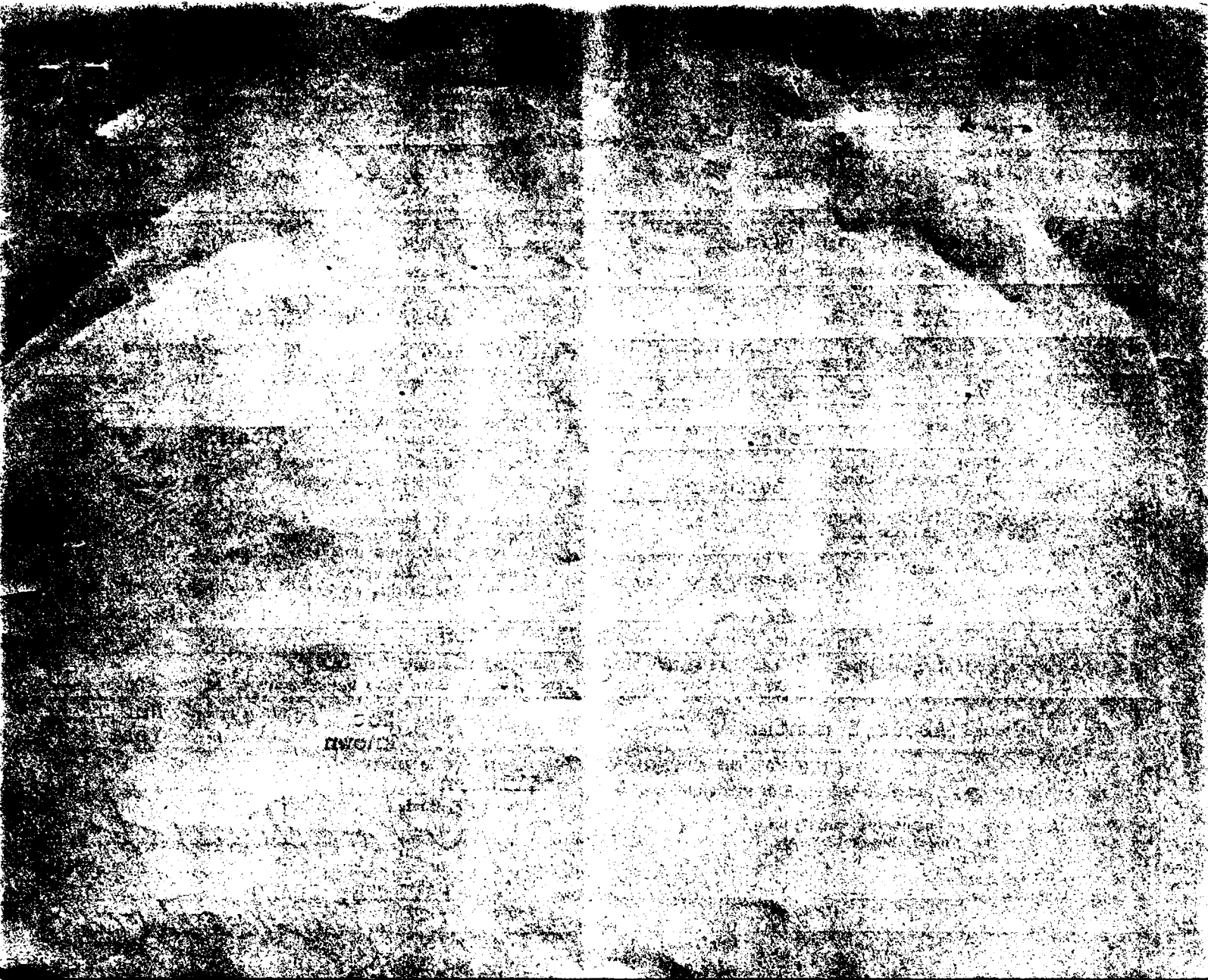
1. PLACE OF BIRTH County of <u>PAYETTE</u> City of <u>NEW PLYMOUTH</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>258390</u> AUG 31 1937 Registration District No. <u>4</u> State File No. _____ Prim. Registration District No. <u>1008</u> Local Registrar's No. <u>69</u>	
(If born in hospital or institution give name.)			
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legitimate? <u>Yes</u>
9. Full name <u>FATHER</u> <u>FRED RAY KREPS</u>		8. Date of birth <u>Aug. 21</u> 19 <u>37</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>NEW PLYMOUTH</u>		18. Full maiden name <u>MOTHER</u> <u>ANNA GORTCINSKY</u>	
11. Color or race <u>W.</u> 12. Age at last birthday <u>34</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>NEW PLYMOUTH</u>	
13. Birthplace (city or place) (State or Country) <u>Iowa.</u>		20. Color or race <u>W.</u> 21. Age at last birthday <u>32</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	22. Birthplace (city or place) (State or Country) <u>Utah.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>
	16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	
28. Number of children of this mother (At time of this birth and including this child) <u>5</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>About 5 months</u> months or weeks	
30. Cause of Stillbirth <u>Not known</u> { During labor <u>No</u> Before labor <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. O. Woodward M. D.
or _____ Midwife
Address PAYETTE, IDAHO
Filed 8/31/1937 1937 J. O. Woodward Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of PAYETTE.
City of NEW PLYMOUTH.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 105881

Registration District No. 4.

Primary Registration District No. 1008.

Local Registrar's No. 50.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Kreps (Stillborn)
(a) Residence. No. New Plymouth, Idaho St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) August 21, 1937
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho

13. NAME Fred Ray Kreps

14. BIRTHPLACE (city or town) Iowa.
(State or country)

15. MAIDEN NAME Anna Gortcinsky

16. BIRTHPLACE (city or town) Utah.
(State or country)

17. INFORMANT Fred Ray Kreps
(Address) New Plymouth, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth, Id. Date 8/21/37 193.

19. UNDERTAKER Fred Ray Kreps
(Address) New Plymouth, Idaho

20. FILED 8/21/37
193.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/21/37 193

22. I HEREBY CERTIFY, That I attended deceased from 8/21/37, 193, to 8/21/37, 193.

I last saw him alive on _____, 193; death is said to have occurred on the date stated above, at 6.00 a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn male infant
Cause unknown

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Woodward M. D.

(Address) Payette, Idaho

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho **RECEIVED**
City of Buhl **SEP - 6 1937**
No. at home Registration District No. 39 State File No. 258441
(If born in hospital or institution give name.) Prim. Registration District No. 2087 Local Registrar's No. _____

2. FULL NAME OF CHILD Stillborn Jesus

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Aug 6</u> , 193 <u>7</u> (Month, Day, Year)
9. Full name <u>Calvin H. Jensen</u>	FATHER		18. Full maiden name <u>Elberta Jensen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>		
11. Color or race <u>white</u>		12. Age at last birthday <u>20</u> (years)		20. Color or race <u>white</u>
13. Birthplace (city or place) (State or Country) <u>Kimberly Idaho</u>		21. Age at last birthday <u>21</u> (years)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Aug 6</u> , 19 <u>37</u>		17. Total time (years) spent in this work <u>Life time</u>	25. Date (month and year) last engaged in this work <u>Aug 6</u> , 19 <u>37</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>9 months</u> { months or weeks		30. Cause of Stillbirth { During labor <u>dystocia</u> Before labor _____		

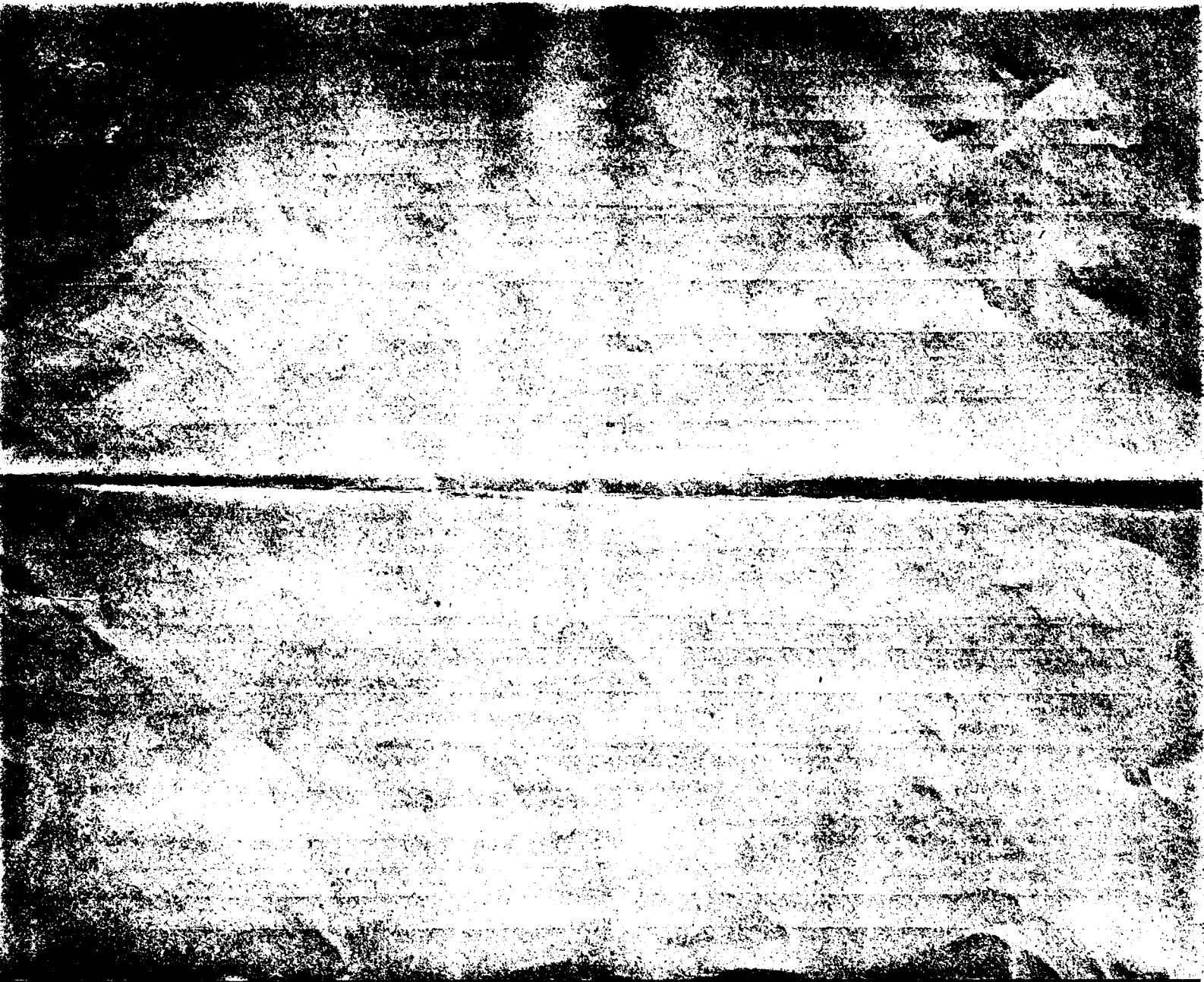
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born stillborn on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) John W. Wheeler, M. D.
or _____ Midwife
Address 102 N. Broadway Buhl Idaho
Filed Aug 18, 1937 Anastasia Wilson
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 105903	
County of <u>Blaine</u>	City of <u>Blaine</u>	CERTIFICATE OF DEATH			
SEP - 6 1937		Registration District No. <u>39</u>		Local Registrar's No. _____	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Beverly Jean Tussey</u>		Primary Registration District No. <u>2087</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
(Usual place of abode)		Length of residence in city or town where death occurred <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Aug. 6th 1937</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Blaine, Ida.</u>					
MOTHER: FATHER	13. NAME <u>Calvin Tussey</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Blaine, Ida.</u>				
	15. MAIDEN NAME <u>Elberta E. Jones</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Colo.</u>				
17. INFORMANT <u>Calvin Tussey</u>					
(Address) <u>Blaine, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Blaine, Ida.</u> Date <u>8/7</u> , 1937					
19. UNDERTAKER <u>Ernest J. Johnson</u>					
(Address) <u>Blaine, Ida.</u>					
20. FILED <u>8/16</u> , 1937 <u>Cynthia Wilson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>8/6</u> 1937					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 6</u> , 1937, to <u>Aug 6</u> , 1937					
I last saw h. _____ alive on _____, 1937: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>S. Killian</u>					
Date of onset <u>Aug 6</u>					
Other contributory causes of importance: <u>Jaundice, dyspepsia</u>					
Name of operation <u>Tumor & Extirpation of Aug 6</u>					
What test confirmed diagnosis <u>Chemo</u> in autopsy?					
23. If death was due to exte'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>John J. Winters, M. D.</u>					
(Address) <u>Blaine, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. _____ St. _____

SEP 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

Registration District No. 37 State File No. 258471

Prim. Registration District No. 1085 Local Registrar's No. 452

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature X Full term _____ 7. Legitimate? yes 8. Date of birth 8-18, 1937 (Month, Day, Year)

9. Full name FATHER
Joe Lang
10. Residence (usual place of abode)
(If non-resident, give place and State) Twins Hotel
11. Color or race W. 12. Age at last birthday 32 (years)
13. Birthplace (city or place)
(State or Country) San Francisco, Cal.

18. Full maiden name MOTHER
Jean Rothermel
19. Residence (usual place of abode)
(If non-resident, give place and State) Twin Falls
20. Color or race W. 21. Age at last birthday 22 (years)
22. Birthplace (city or place)
(State or Country) Kansas City, Mo.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 15 yrs

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. X
29. If stillborn, period of gestation: 4 1/2 mo. { months or weeks _____ 30. Cause of Stillbirth yes { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

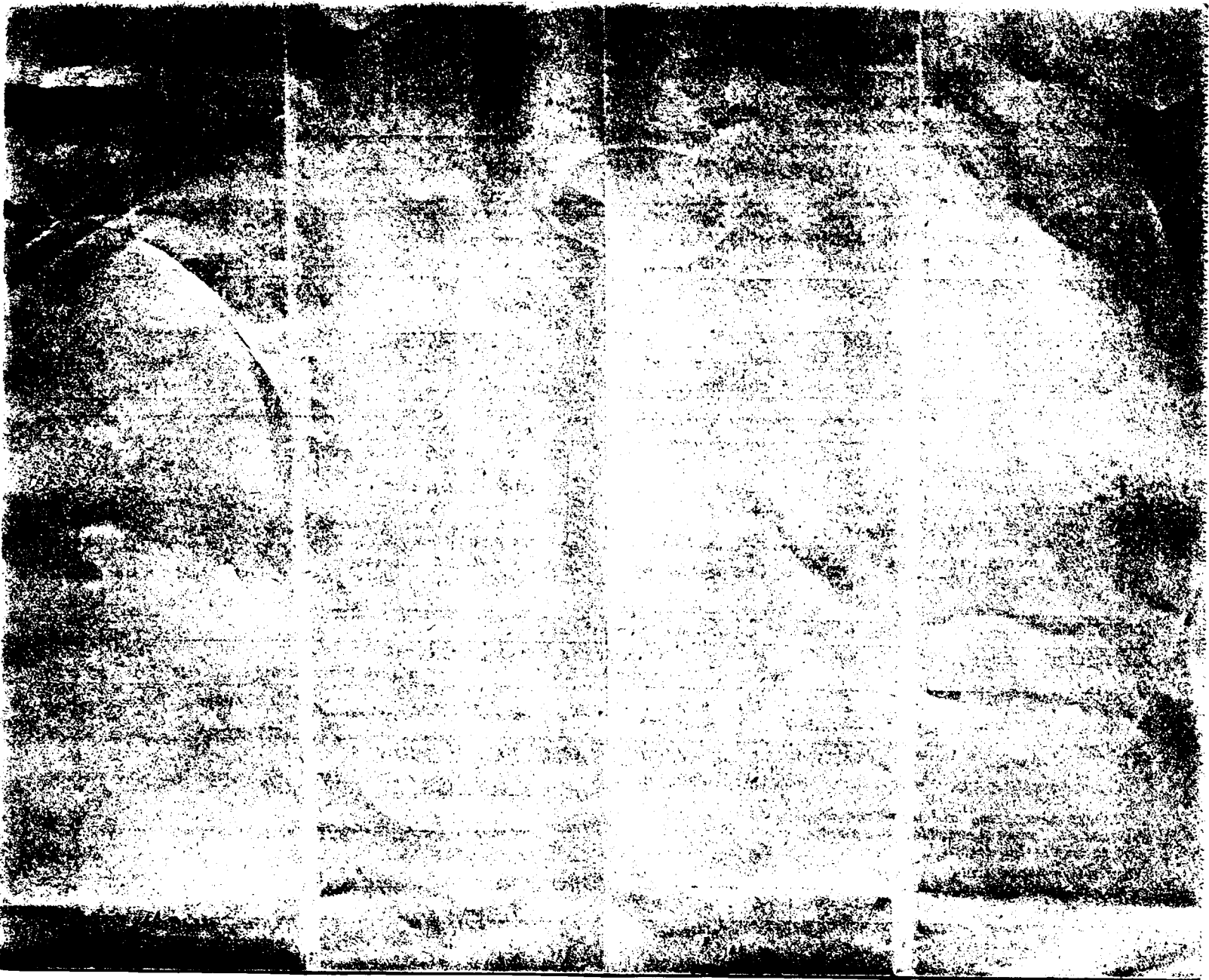
Registrar.

(Signed) W. J. Rothermel, M. D.

or _____, Midwife

Address Twin Falls

Filed 9-6, 1937 W. J. Rothermel Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Trimble
City of Trimble

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **10592C**

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 196

(No. 206)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stell Bann Lang

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 20 - 37

7. AGE Years Months Days
If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trimble
(State or country) Idaho

13. NAME Stell Bann Lang

14. BIRTHPLACE (city or town) Trimble
(State or country) Idaho

15. MAIDEN NAME Stell Bann Lang

16. BIRTHPLACE (city or town) Trimble
(State or country) Idaho

17. INFORMANT (Address) Stell Bann Lang, Trimble, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Date , 1937

19. UNDERTAKER (Address)

20. FILED Aug 20 - 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 20 1937

22. I HEREBY CERTIFY, That I attended deceased from , 1937, to , 1937

I last saw him alive on , 1937; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Unknown
4 1/2 months before death

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 1937.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Stell Bann Lang M. D.
(Address) Trimble, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset
1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset
1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

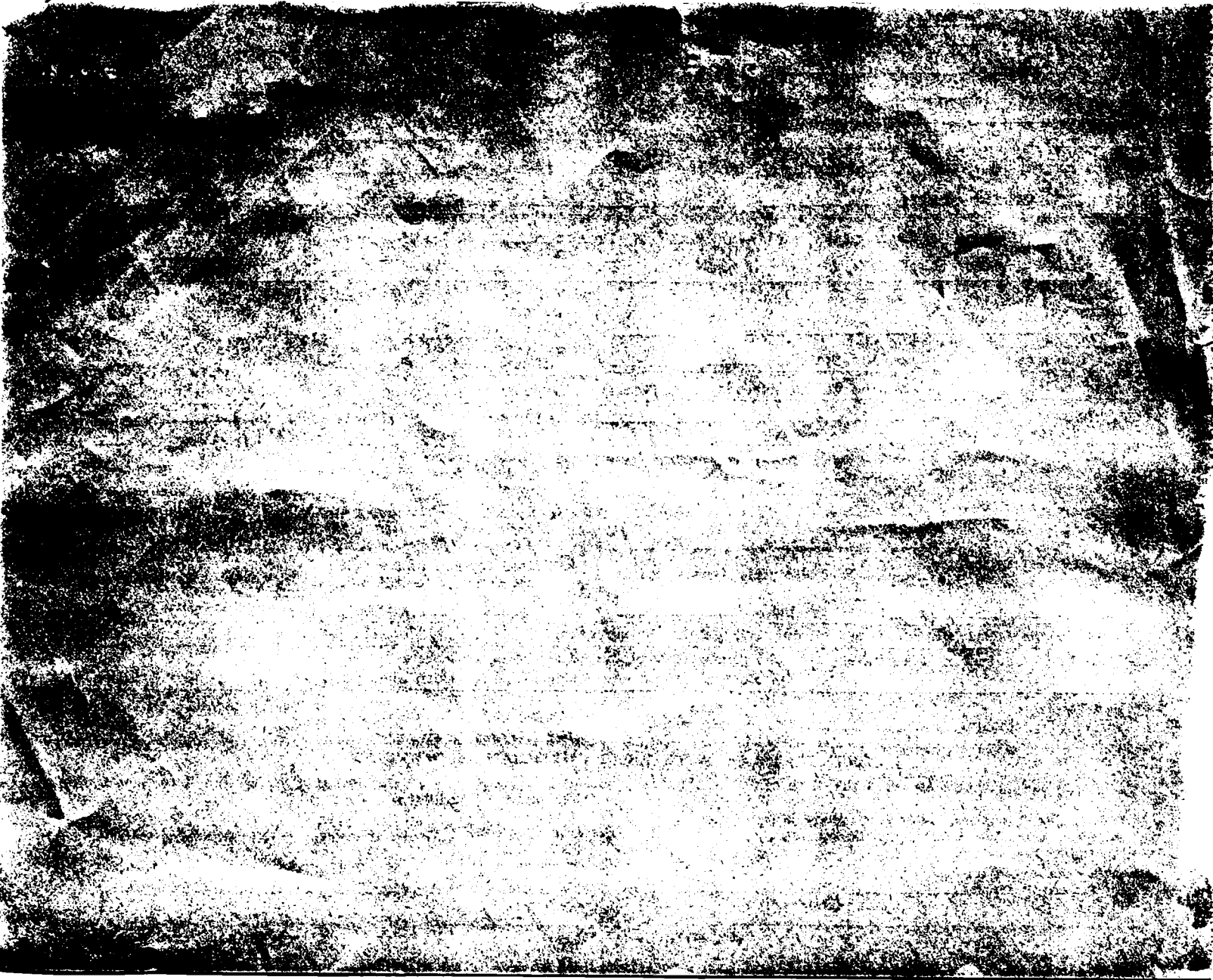
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE P. A. RETURNING LINK—THIS IS A PERMANENT RECORD, N. B.—In case of future death one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S. 258512	
County of <u>Twin Falls</u>		Registration District No. <u>27</u>		State File No. _____	
City of <u>Twin Falls, Idaho</u>		Prim. Registration District No. <u>2085</u>		Local Registrar's No. <u>493</u>	
No. <u>Twin Falls County St. General Hospital</u>		(If born in hospital or institution give name.)			
2. FULL NAME OF CHILD <u>Ernest Glenn Foster - Stillborn</u>					
3. Sex <u>M</u>	If plural births <u>4. Twin, triplet, or other</u>	6. Premature <u>yes</u>	7. Legitimate? <u>no</u>	8. Date of birth <u>9-2-1937</u> (Month, Day, Year)	
9. Full name	FATHER		18. Full maiden name		
10. Residence (usual place of abode) (If non-resident, give place and State)	11. Color or race <u>W</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls Idaho</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>18</u> (years)		20. Color or race <u>W</u>		
13. Birthplace (city or place) (State or Country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		21. Age at last birthday <u>18</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		22. Birthplace (city or place) (State or Country) <u>Osborne County Kansas</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic work</u>		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
17. Total time (years) spent in this work	18. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work		
18. Date (month and year) last engaged in this work	19. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		
19. Date (month and year) last engaged in this work	20. Date (month and year) last engaged in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum?		
20. Date (month and year) last engaged in this work	21. Date (month and year) last engaged in this work		28. Number of children of this mother (At time of this birth and including this child)		
21. Date (month and year) last engaged in this work	22. Date (month and year) last engaged in this work		(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
22. Date (month and year) last engaged in this work	23. Date (month and year) last engaged in this work		29. If stillborn, period of gestation		
23. Date (month and year) last engaged in this work	24. Date (month and year) last engaged in this work		30. Cause of Stillbirth <u>asphyxia</u>		
24. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work		During labor		
25. Date (month and year) last engaged in this work	26. Date (month and year) last engaged in this work		Before labor		
26. Date (month and year) last engaged in this work	27. Date (month and year) last engaged in this work		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		
27. Date (month and year) last engaged in this work	28. Date (month and year) last engaged in this work		I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:25</u> m. on the date above stated.		
28. Date (month and year) last engaged in this work	29. Date (month and year) last engaged in this work		(Born Alive or Stillborn)		
29. Date (month and year) last engaged in this work	30. Date (month and year) last engaged in this work		(Signed) <u>Dean H. Affleck</u> , M. D.		
30. Date (month and year) last engaged in this work	31. Date (month and year) last engaged in this work		or _____, Midwife		
31. Date (month and year) last engaged in this work	32. Date (month and year) last engaged in this work		Address <u>118 Main Ave. South</u>		
32. Date (month and year) last engaged in this work	33. Date (month and year) last engaged in this work		Filed <u>9-10</u> , 1937		
33. Date (month and year) last engaged in this work	34. Date (month and year) last engaged in this work		Registrar		



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 105921

SEP 14 1937

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 191Newin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ernest Glenn Foster(a) Residence No. Twin Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/2/19377. AGE Years 0 Months 0 Days 0 If LESS than 1 day — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Ethel Foster16. BIRTHPLACE (city or town) Osborn
(State or country) Kansas17. INFORMANT Ethel Foster
(Address) Twin Falls, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida. Date 9/4, 193719. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho20. FILED 9-8, 1937 J. H. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/2/1937

22. I HEREBY CERTIFY, That I attended deceased from

1937 to 9-2, 1937I last saw him alive on 9-2, 1937; death is said to have occurred on the date stated above, at 9:15A m.
The principal cause of death and related causes of importance were as follows:Asphyxia
monotonia

Date of onset

9-2-37

Other contributory causes of importance:

Placental infarcts

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

1937

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dean H. Affleck M. D.(Address) 118 Main Street

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

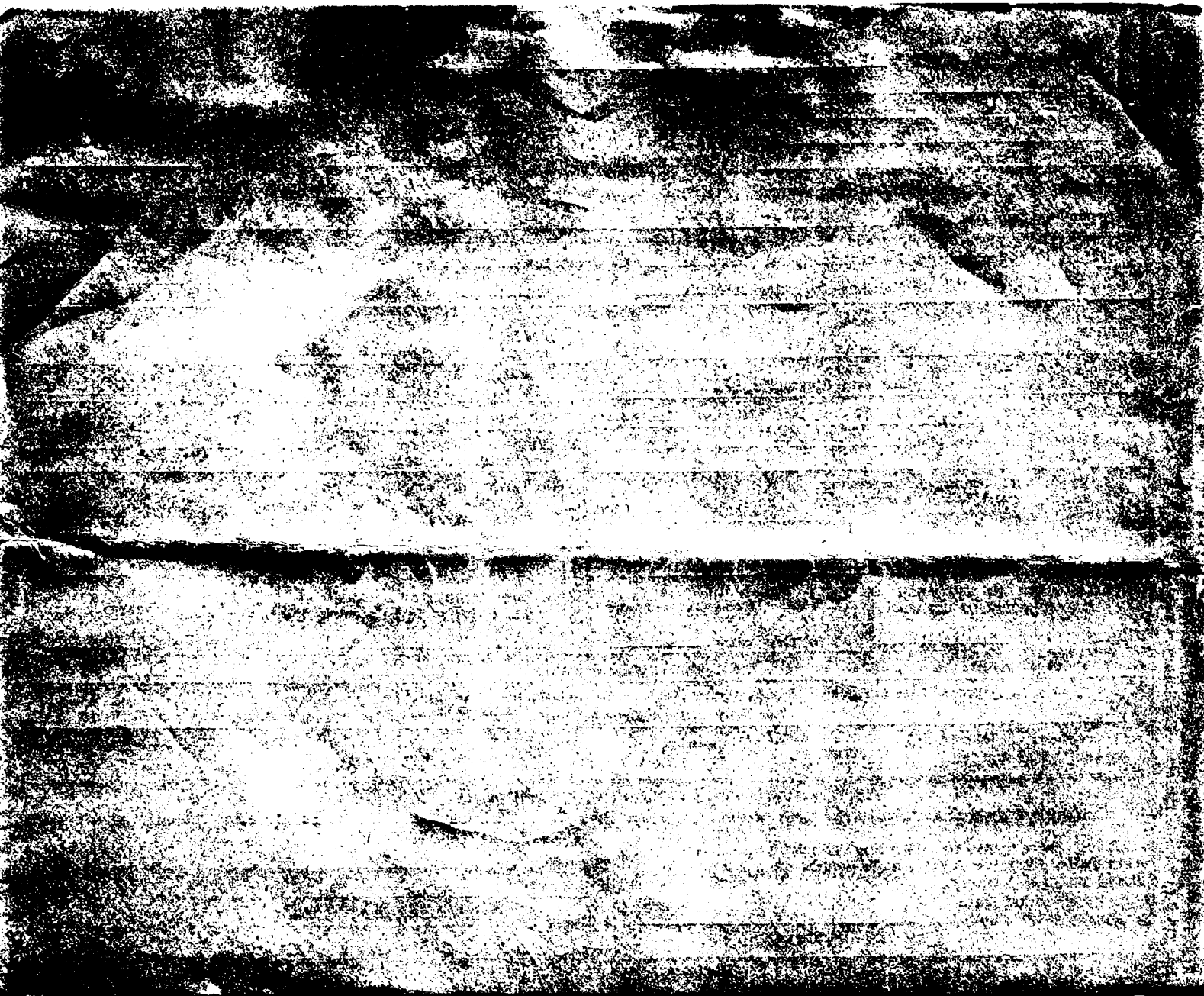
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
Bonner		DEPARTMENT OF PUBLIC WELFARE	
County of		BUREAU OF VITAL STATISTICS	
City of		CERTIFICATE OF BIRTH	
No.		S 258804	
St. OCT 4 - 1937		Registration District No. 85	
(If born in hospital or institution give name.)		State File No.	
Prim. Registration District No. 2185		Local Registrar's No. 36-37	
2. FULL NAME OF CHILD Tommy Brockus - <i>Tom</i>			
3. Sex M		8. Date of birth Sept. 30, 1937	
If plural births		(Month, Day, Year)	
4. Twin, triplet, or other		7. Legitimate? X	
5. Number, in order of birth		Full term X	
9. Full name FATHER		18. Full name MOTHER	
Ellis Milton Brockus		Fannie Anselmo	
10. Residence (usual place of abode)		19. Residence (usual place of abode)	
(If non-resident, give place and State) P. River		(If non-resident, give place and State) Priest River	
11. Color or race Wh.		20. Color or race	
12. Age at last birthday 23 (years)		21. Age at last birthday 23 (years)	
13. Birthplace (city or place) Oklahoma		22. Birthplace (city or place) Priest River	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 3 yrs.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work 3		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living None (b) Born alive but now dead 1 (c) Stillborn 1			
29. If stillborn, period of gestation Nine months { months or weeks			
30. Cause of stillbirth Fetal asphyxia from prolonged labor { Before labor During labor X			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 A. on the date above stated.			
(Born Alive or Stillborn)			
(Signed) Edward G. Bond, M. D.			
or _____, Midwife			
Address Priest River, Idaho			
Filed Sept. 30, 1937, Registrar.			



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>	City of <u>Priest River</u>	CERTIFICATE OF DEATH		State File No. <u>106047</u>	
Registration District No. <u>85</u>		Primary Registration District No. <u>2185</u>		Local Registrar's No. <u>26-37</u>	
1. DECEASED (No. _____) Occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Tommy Brockus</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Sept 30, 1937</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day, ... hrs. or ... min.			
<u>Stillbirth</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Priest River</u> (State or country) <u>Idaho</u>					
13. NAME <u>Ellis M. Brockus</u>					
14. BIRTHPLACE (city or town) <u>Elmer</u> (State or country) <u>Oklahoma</u>					
15. MAIDEN NAME <u>Fannie Amelgno</u>					
16. BIRTHPLACE (city or town) <u>Priest River</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Dr. Ellis M. Brockus</u> (Address) <u>Priest River, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL <u>2007 Cem.</u> Place <u>Priest River, Idaho</u> Date <u>Sept 30, 1937</u>					
19. UNDERTAKER <u>L. G. Moore</u> (Address) <u>Sandpoint, Idaho</u>					
20. FILED <u>Sept. 30, 1937</u> <u>W. Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Sept 30, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillbirth</u> , 193..., to <u>1:30 A.M.</u> , 193... I last saw h... alive on _____, 193...: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Fetal asphyxia from prolonged labor.</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? <u>No</u>					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 193. Where did injury occur? (Specify city or town, county, and state) _____					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____ (Signed) <u>Edward H. Bond</u> , M. D. (Address) <u>Priest River, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				S	
County of <u>Bonneville</u>				CERTIFICATE OF BIRTH				258904	
City of <u>Idaho Falls</u>				Registration District No. <u>73</u>				State File No. <u>-</u>	
No. <u>Memorial Division</u> <u>L. O. Hospital</u>				Prim. Registration District No. <u>2150</u>				Local Registrar's No. <u>684</u>	
(If born in hospital or institution give name)									
2. FULL NAME OF CHILD <u>Gilda Gay Gurn</u>				<u>Stillborn</u>					
3. Sex <u>girl</u>		If plural births {		4. Twin, triplet, or other		6. Premature <u>no</u>		7. Legiti-	
				5. Number, in order of birth		Full term <u>yes</u>		mate? <u>yes</u>	
9. Full name		FATHER		18. Full maiden name		MOTHER		8. Date of birth	
<u>William Martin Gurn</u>				<u>Verna M. Millan</u>				<u>9-21</u> , 193 <u>7</u>	
10. Residence (usual place of abode)				19. Residence (usual place of abode)					
(If non-resident, give place and State) <u>Route #1, City</u>				(If non-resident, give place and State) <u>Route #1, City</u>					
11. Color or race <u>white</u>		12. Age at last birthday <u>4.3</u> (years)		20. Color or race <u>white</u>		21. Age at last birthday <u>4.4</u> (years)			
13. Birthplace (city or place) <u>Carleton Park, Utah</u>				22. Birthplace (city or place) <u>Murray, Utah</u>					
(State or Country)				(State or Country)					
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.			
		<u>Farmer</u>				<u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		<u>rented farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		<u>own home</u>			
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work			
<u>September</u> , 19 <u>37</u>		<u>Life</u>		<u>September</u> , 19 <u>37</u>		<u>2.3 yrs.</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				<u>none</u>					
28. Number of children of this mother				(At time of this birth and including this child)					
				(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation		{ months or weeks		30. Cause of stillbirth		{ Before labor			
				<u>transplacental cord</u>		{ During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9³⁰ P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) N. B. Willson, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed Oct 1, 1937 C. G. Gurn

Registrar.

Registrar.

1. Full name of child 2. Date of birth 3. Sex 4. Race 5. Religion 6. Address 7. City 8. State 9. Zip 10. Telephone		11. Date of birth 12. Sex 13. Race 14. Religion 15. Address 16. City 17. State 18. Zip 19. Telephone	
20. Date of birth 21. Sex 22. Race 23. Religion 24. Address 25. City 26. State 27. Zip 28. Telephone		29. Date of birth 30. Sex 31. Race 32. Religion 33. Address 34. City 35. State 36. Zip 37. Telephone	
38. Date of birth 39. Sex 40. Race 41. Religion 42. Address 43. City 44. State 45. Zip 46. Telephone		47. Date of birth 48. Sex 49. Race 50. Religion 51. Address 52. City 53. State 54. Zip 55. Telephone	
56. Date of birth 57. Sex 58. Race 59. Religion 60. Address 61. City 62. State 63. Zip 64. Telephone		65. Date of birth 66. Sex 67. Race 68. Religion 69. Address 70. City 71. State 72. Zip 73. Telephone	
74. Date of birth 75. Sex 76. Race 77. Religion 78. Address 79. City 80. State 81. Zip 82. Telephone		83. Date of birth 84. Sex 85. Race 86. Religion 87. Address 88. City 89. State 90. Zip 91. Telephone	
92. Date of birth 93. Sex 94. Race 95. Religion 96. Address 97. City 98. State 99. Zip 100. Telephone		101. Date of birth 102. Sex 103. Race 104. Religion 105. Address 106. City 107. State 108. Zip 109. Telephone	
110. Date of birth 111. Sex 112. Race 113. Religion 114. Address 115. City 116. State 117. Zip 118. Telephone		119. Date of birth 120. Sex 121. Race 122. Religion 123. Address 124. City 125. State 126. Zip 127. Telephone	
128. Date of birth 129. Sex 130. Race 131. Religion 132. Address 133. City 134. State 135. Zip 136. Telephone		137. Date of birth 138. Sex 139. Race 140. Religion 141. Address 142. City 143. State 144. Zip 145. Telephone	
146. Date of birth 147. Sex 148. Race 149. Religion 150. Address 151. City 152. State 153. Zip 154. Telephone		155. Date of birth 156. Sex 157. Race 158. Religion 159. Address 160. City 161. State 162. Zip 163. Telephone	
164. Date of birth 165. Sex 166. Race 167. Religion 168. Address 169. City 170. State 171. Zip 172. Telephone		173. Date of birth 174. Sex 175. Race 176. Religion 177. Address 178. City 179. State 180. Zip 181. Telephone	
182. Date of birth 183. Sex 184. Race 185. Religion 186. Address 187. City 188. State 189. Zip 190. Telephone		191. Date of birth 192. Sex 193. Race 194. Religion 195. Address 196. City 197. State 198. Zip 199. Telephone	
200. Date of birth 201. Sex 202. Race 203. Religion 204. Address 205. City 206. State 207. Zip 208. Telephone		209. Date of birth 210. Sex 211. Race 212. Religion 213. Address 214. City 215. State 216. Zip 217. Telephone	
218. Date of birth 219. Sex 220. Race 221. Religion 222. Address 223. City 224. State 225. Zip 226. Telephone		227. Date of birth 228. Sex 229. Race 230. Religion 231. Address 232. City 233. State 234. Zip 235. Telephone	
236. Date of birth 237. Sex 238. Race 239. Religion 240. Address 241. City 242. State 243. Zip 244. Telephone		245. Date of birth 246. Sex 247. Race 248. Religion 249. Address 250. City 251. State 252. Zip 253. Telephone	
254. Date of birth 255. Sex 256. Race 257. Religion 258. Address 259. City 260. State 261. Zip 262. Telephone		263. Date of birth 264. Sex 265. Race 266. Religion 267. Address 268. City 269. State 270. Zip 271. Telephone	
272. Date of birth 273. Sex 274. Race 275. Religion 276. Address 277. City 278. State 279. Zip 280. Telephone		281. Date of birth 282. Sex 283. Race 284. Religion 285. Address 286. City 287. State 288. Zip 289. Telephone	
290. Date of birth 291. Sex 292. Race 293. Religion 294. Address 295. City 296. State 297. Zip 298. Telephone		299. Date of birth 300. Sex 301. Race 302. Religion 303. Address 304. City 305. State 306. Zip 307. Telephone	
308. Date of birth 309. Sex 310. Race 311. Religion 312. Address 313. City 314. State 315. Zip 316. Telephone		317. Date of birth 318. Sex 319. Race 320. Religion 321. Address 322. City 323. State 324. Zip 325. Telephone	
326. Date of birth 327. Sex 328. Race 329. Religion 330. Address 331. City 332. State 333. Zip 334. Telephone		335. Date of birth 336. Sex 337. Race 338. Religion 339. Address 340. City 341. State 342. Zip 343. Telephone	
344. Date of birth 345. Sex 346. Race 347. Religion 348. Address 349. City 350. State 351. Zip 352. Telephone		353. Date of birth 354. Sex 355. Race 356. Religion 357. Address 358. City 359. State 360. Zip 361. Telephone	
362. Date of birth 363. Sex 364. Race 365. Religion 366. Address 367. City 368. State 369. Zip 370. Telephone		371. Date of birth 372. Sex 373. Race 374. Religion 375. Address 376. City 377. State 378. Zip 379. Telephone	
380. Date of birth 381. Sex 382. Race 383. Religion 384. Address 385. City 386. State 387. Zip 388. Telephone		389. Date of birth 390. Sex 391. Race 392. Religion 393. Address 394. City 395. State 396. Zip 397. Telephone	
398. Date of birth 399. Sex 400. Race 401. Religion 402. Address 403. City 404. State 405. Zip 406. Telephone		407. Date of birth 408. Sex 409. Race 410. Religion 411. Address 412. City 413. State 414. Zip 415. Telephone	
416. Date of birth 417. Sex 418. Race 419. Religion 420. Address 421. City 422. State 423. Zip 424. Telephone		425. Date of birth 426. Sex 427. Race 428. Religion 429. Address 430. City 431. State 432. Zip 433. Telephone	
434. Date of birth 435. Sex 436. Race 437. Religion 438. Address 439. City 440. State 441. Zip 442. Telephone		443. Date of birth 444. Sex 445. Race 446. Religion 447. Address 448. City 449. State 450. Zip 451. Telephone	
452. Date of birth 453. Sex 454. Race 455. Religion 456. Address 457. City 458. State 459. Zip 460. Telephone		461. Date of birth 462. Sex 463. Race 464. Religion 465. Address 466. City 467. State 468. Zip 469. Telephone	
470. Date of birth 471. Sex 472. Race 473. Religion 474. Address 475. City 476. State 477. Zip 478. Telephone		479. Date of birth 480. Sex 481. Race 482. Religion 483. Address 484. City 485. State 486. Zip 487. Telephone	
488. Date of birth 489. Sex 490. Race 491. Religion 492. Address 493. City 494. State 495. Zip 496. Telephone		497. Date of birth 498. Sex 499. Race 500. Religion 501. Address 502. City 503. State 504. Zip 505. Telephone	
506. Date of birth 507. Sex 508. Race 509. Religion 510. Address 511. City 512. State 513. Zip 514. Telephone		515. Date of birth 516. Sex 517. Race 518. Religion 519. Address 520. City 521. State 522. Zip 523. Telephone	
524. Date of birth 525. Sex 526. Race 527. Religion 528. Address 529. City 530. State 531. Zip 532. Telephone		533. Date of birth 534. Sex 535. Race 536. Religion 537. Address 538. City 539. State 540. Zip 541. Telephone	
542. Date of birth 543. Sex 544. Race 545. Religion 546. Address 547. City 548. State 549. Zip 550. Telephone		551. Date of birth 552. Sex 553. Race 554. Religion 555. Address 556. City 557. State 558. Zip 559. Telephone	
560. Date of birth 561. Sex 562. Race 563. Religion 564. Address 565. City 566. State 567. Zip 568. Telephone		569. Date of birth 570. Sex 571. Race 572. Religion 573. Address 574. City 575. State 576. Zip 577. Telephone	
578. Date of birth 579. Sex 580. Race 581. Religion 582. Address 583. City 584. State 585. Zip 586. Telephone		587. Date of birth 588. Sex 589. Race 590. Religion 591. Address 592. City 593. State 594. Zip 595. Telephone	
596. Date of birth 597. Sex 598. Race 599. Religion 600. Address 601. City 602. State 603. Zip 604. Telephone		605. Date of birth 606. Sex 607. Race 608. Religion 609. Address 610. City 611. State 612. Zip 613. Telephone	
614. Date of birth 615. Sex 616. Race 617. Religion 618. Address 619. City 620. State 621. Zip 622. Telephone		623. Date of birth 624. Sex 625. Race 626. Religion 627. Address 628. City 629. State 630. Zip 631. Telephone	
632. Date of birth 633. Sex 634. Race 635. Religion 636. Address 637. City 638. State 639. Zip 640. Telephone		641. Date of birth 642. Sex 643. Race 644. Religion 645. Address 646. City 647. State 648. Zip 649. Telephone	
650. Date of birth 651. Sex 652. Race 653. Religion 654. Address 655. City 656. State 657. Zip 658. Telephone		659. Date of birth 660. Sex 661. Race 662. Religion 663. Address 664. City 665. State 666. Zip 667. Telephone	
668. Date of birth 669. Sex 670. Race 671. Religion 672. Address 673. City 674. State 675. Zip 676. Telephone		677. Date of birth 678. Sex 679. Race 680. Religion 681. Address 682. City 683. State 684. Zip 685. Telephone	
686. Date of birth 687. Sex 688. Race 689. Religion 690. Address 691. City 692. State 693. Zip 694. Telephone		695. Date of birth 696. Sex 697. Race 698. Religion 699. Address 700. City 701. State 702. Zip 703. Telephone	
704. Date of birth 705. Sex 706. Race 707. Religion 708. Address 709. City 710. State 711. Zip 712. Telephone		713. Date of birth 714. Sex 715. Race 716. Religion 717. Address 718. City 719. State 720. Zip 721. Telephone	
722. Date of birth 723. Sex 724. Race 725. Religion 726. Address 727. City 728. State 729. Zip 730. Telephone		731. Date of birth 732. Sex 733. Race 734. Religion 735. Address 736. City 737. State 738. Zip 739. Telephone	
740. Date of birth 741. Sex 742. Race 743. Religion 744. Address 745. City 746. State 747. Zip 748. Telephone		749. Date of birth 750. Sex 751. Race 752. Religion 753. Address 754. City 755. State 756. Zip 757. Telephone	
758. Date of birth 759. Sex 760. Race 761. Religion 762. Address 763. City 764. State 765. Zip 766. Telephone		767. Date of birth 768. Sex 769. Race 770. Religion 771. Address 772. City 773. State 774. Zip 775. Telephone	
776. Date of birth 777. Sex 778. Race 779. Religion 780. Address 781. City 782. State 783. Zip 784. Telephone		785. Date of birth 786. Sex 787. Race 788. Religion 789. Address 790. City 791. State 792. Zip 793. Telephone	
794. Date of birth 795. Sex 796. Race 797. Religion 798. Address 799. City 800. State 801. Zip 802. Telephone		803. Date of birth 804. Sex 805. Race 806. Religion 807. Address 808. City 809. State 810. Zip 811. Telephone	
812. Date of birth 813. Sex 814. Race 815. Religion 816. Address 817. City 818. State 819. Zip 820. Telephone		821. Date of birth 822. Sex 823. Race 824. Religion 825. Address 826. City 827. State 828. Zip 829. Telephone	
830. Date of birth 831. Sex 832. Race 833. Religion 834. Address 835. City 836. State 837. Zip 838. Telephone		839. Date of birth 840. Sex 841. Race 842. Religion 843. Address 844. City 845. State 846. Zip 847. Telephone	
848. Date of birth 849. Sex 850. Race 851. Religion 852. Address 853. City 854. State 855. Zip 856. Telephone		857. Date of birth 858. Sex 859. Race 860. Religion 861. Address 862. City 863. State 864. Zip 865. Telephone	
866. Date of birth 867. Sex 868. Race 869. Religion 870. Address 871. City 872. State 873. Zip 874. Telephone		875. Date of birth 876. Sex 877. Race 878. Religion 879. Address 880. City 881. State 882. Zip 883. Telephone	
884. Date of birth 885. Sex 886. Race 887. Religion 888. Address 889. City 890. State 891. Zip 892. Telephone		893. Date of birth 894. Sex 895. Race 896. Religion 897. Address 898. City 899. State 900. Zip 901. Telephone	
902. Date of birth 903. Sex 904. Race 905. Religion 906. Address 907. City 908. State 909. Zip 910. Telephone		911. Date of birth 912. Sex 913. Race 914. Religion 915. Address 916. City 917. State 918. Zip 919. Telephone	
920. Date of birth 921. Sex 922. Race 923. Religion 924. Address 925. City 926. State 927. Zip 928. Telephone		929. Date of birth 930. Sex 931. Race 932. Religion 933. Address 934. City 935. State 936. Zip 937. Telephone	
938. Date of birth 939. Sex 940. Race 941. Religion 942. Address 943. City 944. State 945. Zip 946. Telephone		947. Date of birth 948. Sex 949. Race 950. Religion 951. Address 952. City 953. State 954. Zip 955. Telephone	
956. Date of birth 957. Sex 958. Race 959. Religion 960. Address 961. City 962. State 963. Zip 964. Telephone		965. Date of birth 966. Sex 967. Race 968. Religion 969. Address 970. City 971. State 972. Zip 973. Telephone	
974. Date of birth 975. Sex 976. Race 977. Religion 978. Address 979. City 980. State 981. Zip 982. Telephone		983. Date of birth 984. Sex 985. Race 986. Religion 987. Address 988. City 989. State 990. Zip 991. Telephone	
992. Date of birth 993. Sex 994. Race 995. Religion 996. Address 997. City 998. State 999. Zip 1000. Telephone		999. Date of birth 1000. Sex 1001. Race 1002. Religion 1003. Address 1004. City 1005. State 1006. Zip 1007. Telephone	

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 21N-2
(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gilda Joy Garn

(a) Residence No. Idaho Falls, Idaho
(Usual place of abode)

St. _____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 21, 1937

7. AGE Years _____ Months _____ Days 0
If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho

13. NAME Martin W. Garn

14. BIRTHPLACE (city or town) Park City
(State or country) Utah

15. MAIDEN NAME Verna McMillan

16. BIRTHPLACE (city or town) Murray
(State or country) Utah

17. INFORMANT Martin W. Garn
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 9/23, 1937

19. UNDERTAKER
(Address) Idaho Falls, Idaho

20. FILED Sept 24, 1937 G. J. [Signature]
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 106074

Local Registrar's No. 193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/21, 1937

22 I HEREBY CERTIFY, That I attended deceased from 9/21, 1937, to 9/21, 1937.

I last saw h. Stillborn, 1937; death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Stillborn - Child
dead several weeks -
cause unknown

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? No If so specify _____

(Signed) G. J. McMillan M. D.
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH

County of Canyon
City of Idaho Falls
No. 1 St. 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 258998

OCT 13 1937

Registration District No. 7 State File No. 346

(If born in hospital or institution give name.)

Prim. Registration District No. 2006 Local Registrar's No. 346

2. FULL NAME OF CHILD Engine Stalker Taylor

8. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept. 26</u> , 1937 (Month, Day, Year)
		5. Number, in order of birth	Full term <u>yes</u>		

9. Full name of FATHER <u>Mr. E. Roger Stalker</u>	18. Full maiden name of MOTHER <u>Mrs. Lydia Stalker</u>
--	--

10. Residence (usual place of abode) <u>Los Angeles Calif.</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Los Angeles Calif.</u> (If non-resident, give place and State)
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>26</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>28</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) <u>Cornelius, Oregon</u> (State or Country)	22. Birthplace (city or place) <u>Shoshone, Idaho</u> (State or Country)
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Singer-Musician</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work <u>Sept</u> , 1937	17. Total time (years) spent in this work <u>1 year</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>2</u>
--	---	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation <u>9 mo.</u> months or weeks	30. Cause of stillbirth Before labor During labor
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stalker at 6:48 A.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(Signed) Dr. Kelt, M. D.
or Lyda Rodgers, Midwife
Address Nampa, Ida
Filed Oct 12, 1937 Lyda Rodgers
Registrar.

(Date of)

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Canyon</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
City of <u>Nampa</u>		CERTIFICATE OF DEATH	
RECEIVED		Registration District No. <u>7</u>	
OCT 9 - 1937		Primary Registration District No. <u>2006</u> Local Registrar's No. <u>179</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Eugene Stalder Taylor</u> (No. <u>Sananton Hospital</u>)			
(a) Residence No. <u>Nampa Idaho</u>		St. <u>Los Angeles Cal.</u>	
(Usual place of abode) (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>m</u>	4. Color or Race <u>w</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>			
6. DATE OF BIRTH (month, day, and year) <u>9-26-7</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Nampa</u> (State or country) <u>Idaho</u>			
13. NAME <u>Roger Taylor</u>			
14. BIRTHPLACE (city or town) <u>Oregon</u> (State or country)			
15. MAIDEN NAME <u>Stalder</u>			
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)			
17. INFORMANT <u>R. F. Taylor</u> (Address) <u>Nampa, Id.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Buried</u> Date <u>9-29</u> , 193 <u>7</u>			
19. UNDERTAKER <u>F. K. Baker</u> (Address) <u>Nampa</u>			
20. FILED <u>Oct-2</u> , 193 <u>7</u> <u>Lyda Rodgers</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>9-26</u> 193 <u>7</u>			
22 I HEREBY CERTIFY, That I attended deceased from <u>Sept. 26</u> , 193 <u>7</u> , to <u>9-26</u> , 193 <u>7</u> .			
I last saw him alive on <u>9-26</u> 193 <u>7</u> ; death is said to have occurred on the date stated above, at ____ m.			
The principal cause of death and related causes of importance were as follows: <u>asphyxia Neo Netrostri</u>			
Other contributory causes of importance:			Date of onset
Name of operation ____ Date of ____			
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>			
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 193 ____			
Where did injury occur? ____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place ____			
Manner of injury ____			
Nature of injury ____			
24 Was disease or injury in any way related to occupation of deceased? <u>✓</u> If so, specify ____			
(Signed) <u>W. C. Holt</u> M. D.			
(Address) <u>Nampa Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 9 - 1937

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 34 State File No. 259076

(If born in hospital or institution give name.) Prim. Registration District No. 2020 Local Registrar's No. 18

2. FULL NAME OF CHILD Mary Elizabeth Vowell - Stillborn

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>✓</u>	6. Premature <u>yes</u> Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>7-14</u> , 193 <u>7</u> (Month, Day, Year)
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9. Full name <u>Louise Vowell</u>	FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) (State or Country) <u>Hickita Falls Texas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____

18. Full maiden name <u>Ellen Jenkins</u>	MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	
20. Color or race <u>white</u>	21. Age at last birthday <u>26</u> (years)
22. Birthplace (city or place) (State or Country) <u>Wyoming</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation 6 mos { months or weeks } 30. Cause of stillbirth not known { Before labor yes During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. E. Evans, M. D.
or _____, Midwife
Address Mountain Home Ida
Filed 10/8, 1937 J. E. Evans
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

000015

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of MontanaCity of Mountain Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 34Primary Registration District No. 2020

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Howell(a) Residence. No. Pine, Ida. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>7-14-1897</u>		
7. AGE	Years	Months Days
		If LESS than 1 day <u>No</u> hrs. or <u>No</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER	13. NAME <u>Howell</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>
	15. MAIDEN NAME <u>Ellen Jenkins</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Wyo.</u>
	17. INFORMANT <u>Louise Jenkins</u> (Address) <u>Pine, Ida.</u>
	18. BURIAL, CREMATION OR REMOVAL Place <u>Mountain Home, Ida.</u> Date <u>7-15-1937</u>
19. UNDERTAKER <u>Washburn Funeral Home</u> (Address) <u>Mountain Home, Ida.</u>	
20. FILED <u>Aug 2</u> , 1937 Registrar.	

DO NOT WRITE IN THIS SPACE

State File No. 106124Local Registrar's No. 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-14-193722. I HEREBY CERTIFY, That I attended deceased from 7-14-1937, 1937, to 7-14-1937I last saw him alive on 7-14-1937, 1937; death is saidto have occurred on the date stated above, at 7-14-1937 m.

The principal cause of death and related causes of importance were as follows:

StillbornPremature
6 mos 1 week

Other contributory causes of importance:

Date of onset

Name of operation

What test confirmed diagnosis? Physician Date of 7-14-1937

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. E. Jones, M. D.(Address) Mountain Home, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

259170

1. PLACE OF BIRTH
County of Idaho
City of Butte
No. 2 St. St.

OCT 13 1937

Registration District No. 106 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 2184 Local Registrar's No. 64

2. FULL NAME OF CHILD

Still birth

3. Sex Male (If plural births) 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term Yes 7. Legitimate? Yes 8. Date of birth Sept 8, 1937 (Month, Day, Year)

9. Full name FATHER Ernest Eugene Moon Wiley

18. Full maiden name MOTHER Twian Schoorly

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 32 (years)

20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Idaho (State or country)

22. Birthplace (city or place) Kootenai - Idaho (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Sept 8, 1937

25. Date (month and year) last engaged in this work Sept 7, 1927

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation months or weeks 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Schickel, M. D.

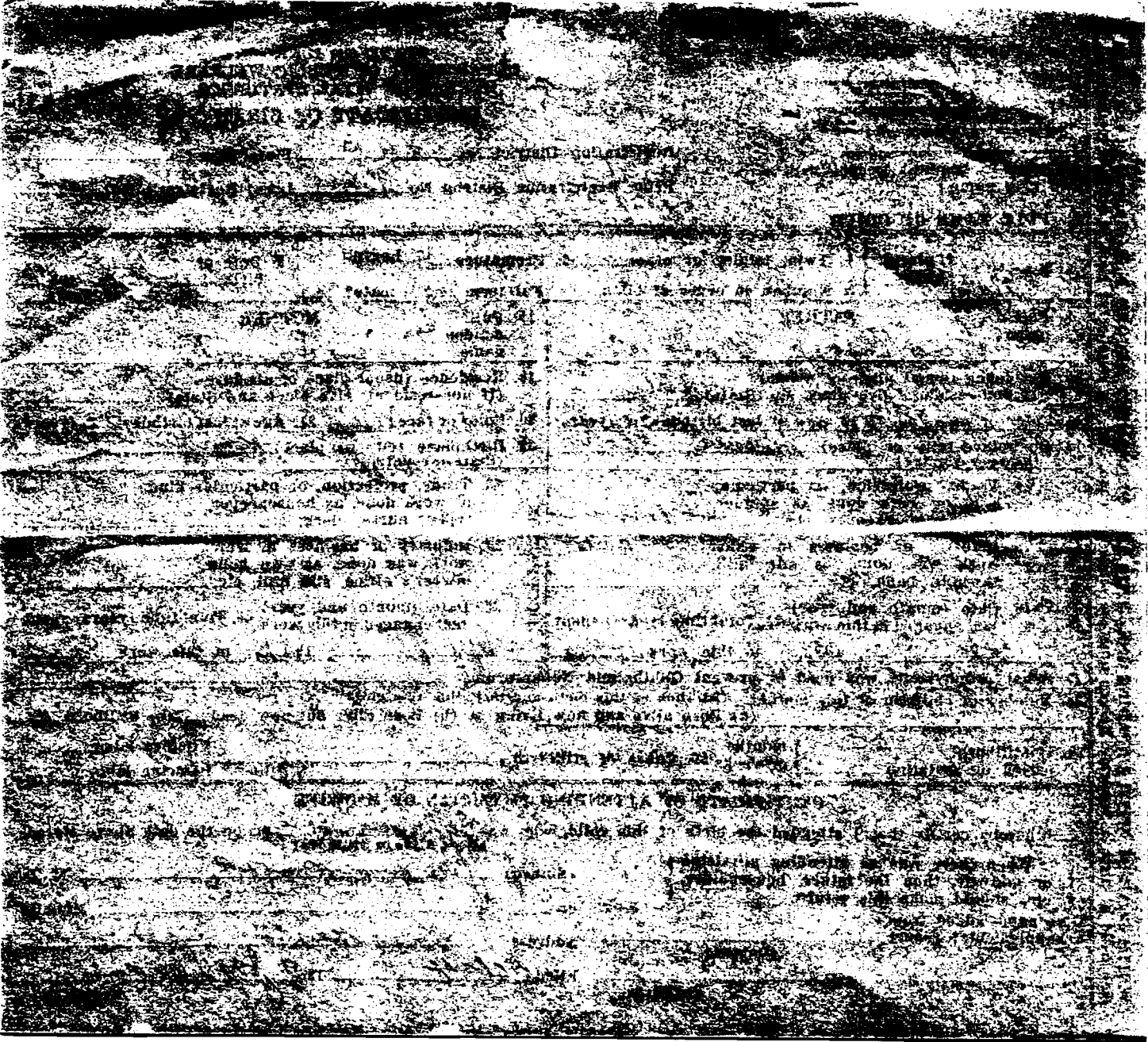
or Midwife

Give name added from a supplemental report (Date of)

Address Kootenai - Idaho

Filed Oct 4, 1937 J. M. Schickel Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of IdahoCity of Butte

RECEIVED

OCT 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 106Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE

State File No. 106173Local Registrar's No. 435

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-8-1937

7. AGE Years Months Days If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. I—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte Idaho (State or country)13. NAME Ugene Uley14. BIRTHPLACE (city or town) Malheur Idaho (State or country)15. MAIDEN NAME Triviana Schwoy16. BIRTHPLACE (city or town) Kootenai (State or country)17. INFORMANT Ugene Uley (Address) State Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Butte Idaho Date Sept-9, 193719. UNDERTAKER Famili (Address)20. FILED OCT-4, 1937 J. M. Weber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept-8, 193722. I HEREBY CERTIFY, That I attended deceased from Sept-8, 1937, to Sept-8, 1937.

I last saw him alive on _____, 1937; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Still birth
Cause not determined

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 1937.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. M. Weber M. D.(Address) Kootenai - Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of birth of one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Reynoldsburg
No. _____ St. _____

RECEIVED
OCT 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 259297**

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 186

2. FULL NAME OF CHILD Stillborn Spaulding

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? ✓ 8. Date of birth 8-12-1937 (Month, Day, Year)

9. Full name George Spaulding FATHER 18. Full maiden name Gladys Thompson MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Reynoldsburg, Ohio 19. Residence (usual place of abode) (If non-resident, give place and State) same

11. Color or race W 12. Age at last birthday 36 (years) 20. Color or race W 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Burton, Ida. 22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

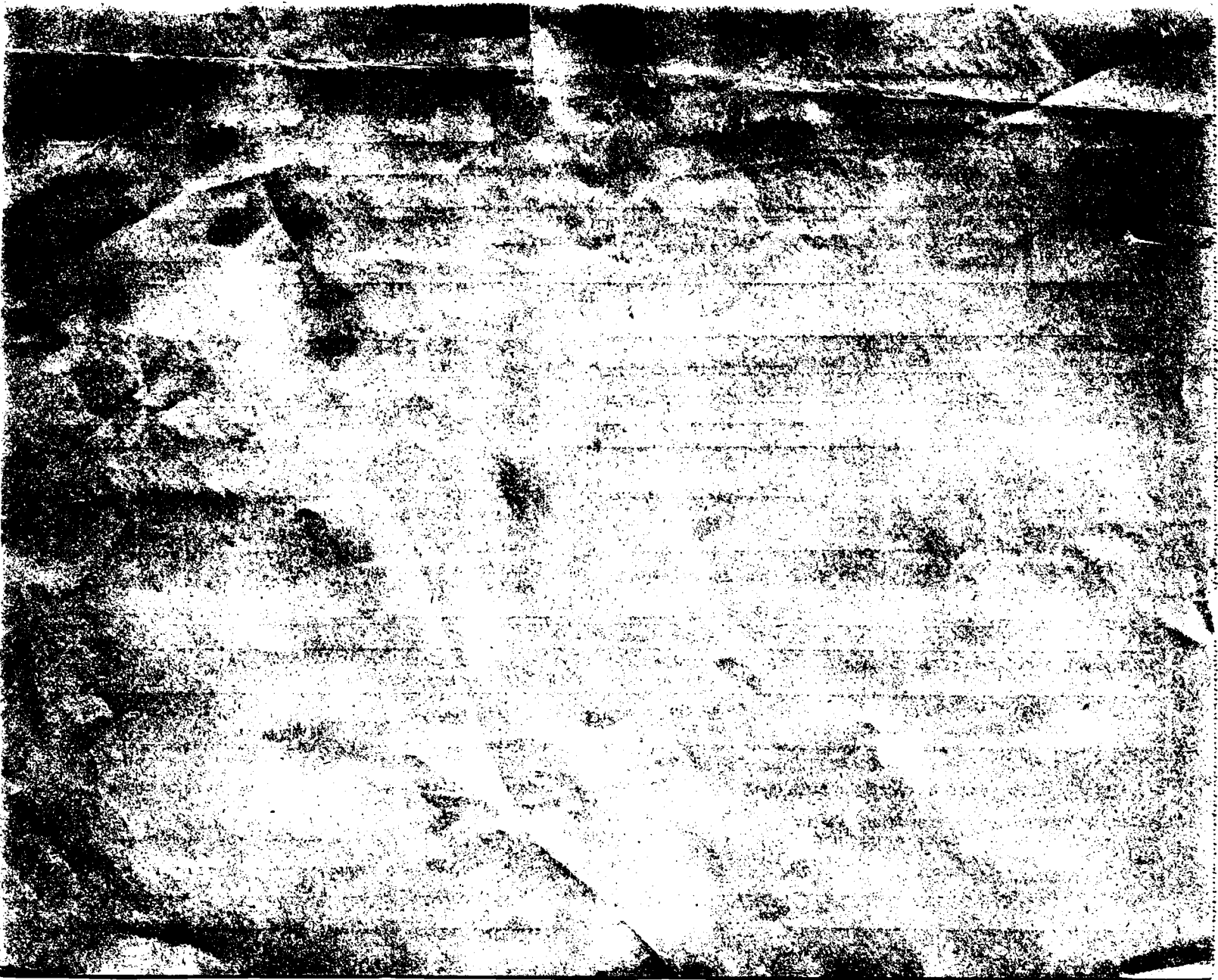
(Signed) Arthur L. ... M. D.

or _____ Midwife

Address _____

Filed 10-5 1937 Mr. Reynolds

Registrar.



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1

PLACE OF BIRTH

County of Mingus

City of Paul

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret Sue Coon

3. Sex Female

If plural births { 4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature yes

7. Legitimate? yes

8. Date of birth Aug 31, 1937
(Month, Day, Year)

9. Full name Lynn Howard Coon

FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Paul

11. Color or race wh

12. Age at last birthday 35 (years)

13. Birthplace (city or place)
(State or Country) Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

18. Full maiden name Margaret Julia Brown

MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Paul

20. Color or race wh

21. Age at last birthday 38 (years)

22. Birthplace (city or place)
(State or Country) Paul, Neb

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 8 month { months or weeks

30. Cause of Stillbirth Chemia { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 20 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) E. E. Edmonson, M. D.

or _____, Midwife

Address Reupert, Idaho

Filed 10-6, 1937 E. E. Edmonson
Registrar.

RECEIVED
OCT 7 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 259341**

188213

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Mingus</u>		CERTIFICATE OF DEATH		State File No. <u>106241</u>	
City of <u>Paul</u>					
Registration District No. <u>19</u>		Primary Registration District No. <u>2015</u>		Local Registrar's No. <u>47</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Margaret Sue Coan</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word) <u>S</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>August 31, 1937</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day, ... hrs. or ... min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
MOTHER/FATHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) <u>Paul, Idaho</u> (State or country)				
	13. NAME <u>Lynn Howard Coan</u>				
MOTHER/FATHER	14. BIRTHPLACE (city or town) <u>Nebraska</u> (State or country)				
	15. MAIDEN NAME <u>Margaret Julia Brown</u>				
	16. BIRTHPLACE (city or town) <u>Idaho Falls, Idaho</u> (State or country)				
17. INFORMANT <u>Lynn Coan</u> (Address) <u>Paul, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Paul Cemetery</u> Date <u>9-2-37</u>					
19. UNDERTAKER <u>Joseph L. Ray</u> (Address) <u>Paul, Idaho</u>					
20. FILED <u>10-7-37</u> , 1937 <u>E. E. Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>8-31-1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> , 193....					
I last saw h... alive on _____, 193.... death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>8 month gestation</u>					Date of onset _____
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 193....					
Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so specify _____					
(Signed) <u>E. E. Johnson</u> , M. D. (Address) <u>Paul, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1501 Main St.

Ac White

(If born in hospital or institution give name.)

2

FULL NAME OF CHILD

Ida Jean Prentice

3

Sex

F

If plural births {

4

Twin, triplet, or other

✓

5

Number, in order of birth

1

6

Premature

5 months

Full term

✓

7

Legitimate?

yes

8

Date of birth

9-6

1937

(Month, Day, Year)

9

Full name

FATHER

Alfred Reginald Prentice

10

Residence (usual place of abode)

(If non-resident, give place and State) Lewiston

11

Color or race

W

12

Age at last birthday

34

(years)

13

Birthplace (city or place)

(State or Country) Minn.

14

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

salesman

15

Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Candy & cigarette salesman

16

Date (month and year) last engaged in this work

9-10, 1937

17

Total time (years) spent in this work

3 yrs.

18

Full maiden name

MOTHER

Kern Elizabeth Pierce

19

Residence (usual place of abode)

(If non-resident, give place and State) Lewiston

20

Color or race

W

21

Age at last birthday

30

(years)

22

Birthplace (city or place)

(State or Country) Missouri

23

Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housewife

24

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

own home

25

Date (month and year) last engaged in this work

9-4, 1937

26

Total time (years) spent in this work

4 yrs.

27

What prophylactic was used to prevent Ophthalmia Neonatorum?

✓

28

Number of children of this mother

3

(At time of this birth and including this child)

(a) Born alive and now living 2

(b) Born alive but now dead ✓

(c) Stillborn 1

29

If stillborn, period of gestation

5 months

{

months

or

weeks

30

Cause of Stillbirth

Stillborn

During labor ✓

Before labor Before ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 20 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) E. L. White, M. D.

or _____, Midwife

Address Lewiston Id

Filed Oct 8, 1937 M. H. Custer

Registrar.

Registrar.

2

1. 1. 1. 1. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez PerceCity of LewistonSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. White's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arla Jean Prentice(a) Residence No. 1216 - Rigby Lane St.
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ☒6. DATE OF BIRTH (month, day, and year) Sept. 5, 19377. AGE Years 5 Months 5 Days 5 If LESS than 1 day hrs or min8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho13. NAME R. A. Prentice
14. BIRTHPLACE (city or town) St. Vincent
(State or country) Minnesota
15. MAIDEN NAME Ann Pierce
16. BIRTHPLACE (city or town) Missouri
(State or country)17. INFORMANT R. A. Prentice
(Address) Lewiston, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Sept 6, 193719. UNDERTAKER Brover Hannon C.
(Address) Lewiston, Idaho20. FILED Mo. 6, 1937 M. N. Carley
Registrar.

DO NOT WRITE IN THIS SPACE

107051

State File No.

Local Registrar's No. 954

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw him alive on not alive 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Premature - 5 months
Mother had a fall.
Fetus was not alive at birth.

Other contributory causes of importance:

Date of onset

Name of operation Not Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased no If so, specify _____(Signed) E. L. White, M. D.(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>My Peru</u> City of <u>Lepton</u> No. <u>St. Joseph Hospital</u> St. (If born in hospital or institution give name)		2. FULL NAME OF CHILD <u>Sharon Ann Emerson</u>	
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other. <u>1</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>no</u> Full term <u>—</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Sept. 25, 1937</u> (Month, Day, Year)		9. Full name FATHER <u>Jenn. E. Emerson</u> MOTHER <u>Mary E. Bulew</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Culdesac, Ida.</u>		11. Color or race <u>White</u> 12. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Wash.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Public Schools</u>		16. Date (month and year) last engaged in this work <u>Sept. 25, 1937</u>	
17. Total time (years) spent in this work <u>5</u>		18. Full name MOTHER <u>Mary E. Bulew</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>same</u>		20. Color or race <u>White</u> 21. Age at last birthday <u>25</u> (years)	
22. Birthplace (city or place) (State or Country) <u>Idaho</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housework</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		25. Date (month and year) last engaged in this work <u>Sept. 25, 1937</u>	
26. Total time (years) spent in this work <u>2</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>—</u>	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>7 months</u> { months <u>—</u> weeks <u>—</u>	
30. Cause of stillbirth <u>Jaundice</u> { Before labor <u>yes</u> During labor <u>—</u>		31. Cause of stillbirth <u>mother</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sharon Ann Emerson at 12:10 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Thelma P. H. Habel, M. D.

or — Midwife

Address Lepton, Ida.

Filed Oct. 8, 1937 7:20 W. C. C. C.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 46(No. St Joseph Hospital)

OCT 1 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharon Ann Emerson

(a) Residence No. _____

(Usual place of abode)

St. Culdesac, Ida

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 25, 1937

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston, Ida.
(State or country)

13. NAME Fenn Edmond Emerson

14. BIRTHPLACE (city or town) Nezperce
(State or country) Idaho

15. MAIDEN NAME Mary Elizabeth Bulen

16. BIRTHPLACE (city or town) _____
(State or country) Culdesac, Ida.

17. INFORMANT Fenn Emerson
(Address) Culdesac, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Ida. Date 9/28/37

19. UNDERTAKER H R Merchant
(Address) Clarkston, Sh.

20. FILED Oct 1, 1937 M. H. Carter
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 106262Local Registrar's No. 931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/25/1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to Sept. 25, 193____

I last saw h. _____ alive on _____ 193____. death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Still Birth.

Date of onset _____

Other contributory causes of importance:

Uremia - (mother)
Eclampsia -

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Thos. J. H. H. H. M. D.(Address) Lewiston, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Nez Perce</u>		OCT 11 1937		CERTIFICATE OF BIRTH	
City of <u>Lewiston</u>		Registration District No. <u>1009</u>		State File No. <u>259379</u>	
No. <u>St. Joseph's</u> St.		Prim. Registration District No. <u>96</u>		Local Registrar's No. <u>St. Joseph's</u>	
(If born in hospital or institution give name.)		Local Registrar's No. <u>St. Joseph's</u>			
2. FULL NAME OF CHILD <u>James Vance Lukins</u>					
3. Sex <u>M.</u>		4. Twin, triplet, or other. <u>No</u>		5. Number, in order of birth <u>1</u>	
6. Premature <u>Yes</u>		7. Legitimate? <u>Yes</u>		8. Date of birth <u>Sept. 29, 1937</u> (Month, Day, Year)	
9. Full name <u>Thomas W. Lukins</u>		FATHER		18. Full maiden name <u>Margaret Louise Wheelton</u>	
10. Residence (usual place of abode) <u>814 Chestnut</u> (If non-resident, give place and State) <u>Lewiston, W. Va.</u>		19. Residence (usual place of abode) <u>814 Chestnut</u> (If non-resident, give place and State) <u>Lewiston, W. Va.</u>		20. Color or race <u>W.</u>	
11. Color or race <u>W.</u>		12. Age at last birthday <u>44</u> (years)		21. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) <u>Kenesaw</u> (State or Country) <u>Nebr.</u>		22. Birthplace (city or place) <u>Grangeville</u> (State or Country) <u>Ida.</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>		24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Drug Store</u>		25. Date (month and year) last engaged in this work	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Drug Store</u>		26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	
16. Date (month and year) last engaged in this work		28. Number of children of this mother (At time of this birth and including this child)		29. If stillborn, period of gestation <u>6 mos.</u> { months <u>6</u> weeks <u>0</u>	
17. Total time (years) spent in this work		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		30. Cause of Stillbirth <u>rupture of pregnancy</u>	
18. Full maiden name <u>Margaret Louise Wheelton</u>		21. Age at last birthday <u>36</u> (years)		During labor <u>Yes</u>	
19. Residence (usual place of abode) <u>814 Chestnut</u> (If non-resident, give place and State) <u>Lewiston, W. Va.</u>		22. Birthplace (city or place) <u>Grangeville</u> (State or Country) <u>Ida.</u>		Before labor <u>Yes</u>	
20. Color or race <u>W.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
21. Age at last birthday <u>36</u> (years)		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
22. Birthplace (city or place) <u>Grangeville</u> (State or Country) <u>Ida.</u>		25. Date (month and year) last engaged in this work			
23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>		26. Total time (years) spent in this work			
24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Drug Store</u>					
25. Date (month and year) last engaged in this work					
26. Total time (years) spent in this work					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>6 mos.</u> { months <u>6</u> weeks <u>0</u>					
30. Cause of Stillbirth <u>rupture of pregnancy</u>					
During labor <u>Yes</u>					
Before labor <u>Yes</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> <u>7:50 a</u> m. on the date above stated. (Born alive or Stillborn)					
(Signed) <u>Paul W. Johnson</u> , M. D.					
or <u>Lewiston, Idaho</u> , Midwife					
Address <u>Lewiston, Idaho</u>					
Filed <u>Oct 5</u> , 1937 <u>M. H. Caskey</u> Registrar.					
(Date of)					
Registar.					

Registration District No. _____ State of _____

First Registration District

1944

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

100-443887-100

1947 918

10-11-68

is residence (usual place of abode) of

10-10-1964

(UNCLASSIFIED TO 2025)

DATE 11/10/1962 TO: DIRECTOR, FBI (100-371141) FROM: SAC, NEW YORK (100-100000) (P)

104-3740-5537-7481

SECRET

10-10-68 10:10 AM 10:10 AM 10:10 AM

1201-25 1201-25 1201-25 1201-25 1201-25

10. 11. 1951

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10-10-68

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of 1941

ATTENDING PHYSICIAN ON DUTY

418 A

100-443887-100

100

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **106264**

OCT 11 1937

Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 933

(Not Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Chance Anthony Lukens

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/29/37

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Ida.

13. NAME Thomas Lukens

14. BIRTHPLACE (city or town) Kenesaw
(State or country) Nebr.

15. MAIDEN NAME Margaret Healden

16. BIRTHPLACE (city or town) Grangeville
(State or country) Ida.

17. INFORMANT Thomas Lukens
(Address) Clarkston Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wa. Date 9/30, 1937

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash.

20. FILED Oct 11 1937 M. W. Casey
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/29 1937

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h _____ alive on _____ 193____: death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

still born at 6 months
cause of death, due
to abnormality of
pregnancy of mother

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? no so specify.

(Signed) Paul Thompson M. D.
(Address) Clarkston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County Nez. Parge
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

106260

State File No.

Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 929(No. St. Josephs Hospital)

OCT 11 1937

2. FULL NAME Inf. Son of Loren Whitlock
(If death occurred in a hospital or institution, give its name instead of street and number)

(a) Residence. No. Lewiston Orchard

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept. 13 1937
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

MOTHER FATHER 13. NAME Loren Whitlock
14. BIRTHPLACE (city or town) Idaho
(State or country)
15. MAIDEN NAME athern Meyer
16. BIRTHPLACE (city or town) Neb.
(State or country)

17. INFORMANT Loren Whitlock
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date Sept. 15, 1937

19. UNDERTAKER Vassar-Rawls Co.
(Address) Lewiston, Idaho

20. FILED Sept 28, 1937 7 M W Caster
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 13 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937 to Sept. 13, 1937I last saw him alive Sept. 13, 1937; death is saidto have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:Shleehorn

Other contributory causes of importance:

Name of operation none Date of Sept 13 1937What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1937

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify(Signed) W. H. Caster M. D.(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Payette
City of Payette
No. Blanchards St. Maternity Home
(If born in hospital or institution give name.)

RECEIVED
OCT 6 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259397

Registration District No. 4 State File No. 1008
Prim. Registration District No. 1008 Local Registrar's No. 80

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Sept 10, 1937 (Month, Day, Year)

9. Full name FATHER John Hager

10. Residence (usual place of abode) (If non-resident give place and State) Payette

11. Color or race W 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Wisconsin

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

19. _____ in this work _____

18. Full maiden name MOTHER Louisa Cox

19. Residence (usual place of abode) (If non-resident, give place and State) Payette

20. Color or race W 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not used

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Term { months or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 7:40 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

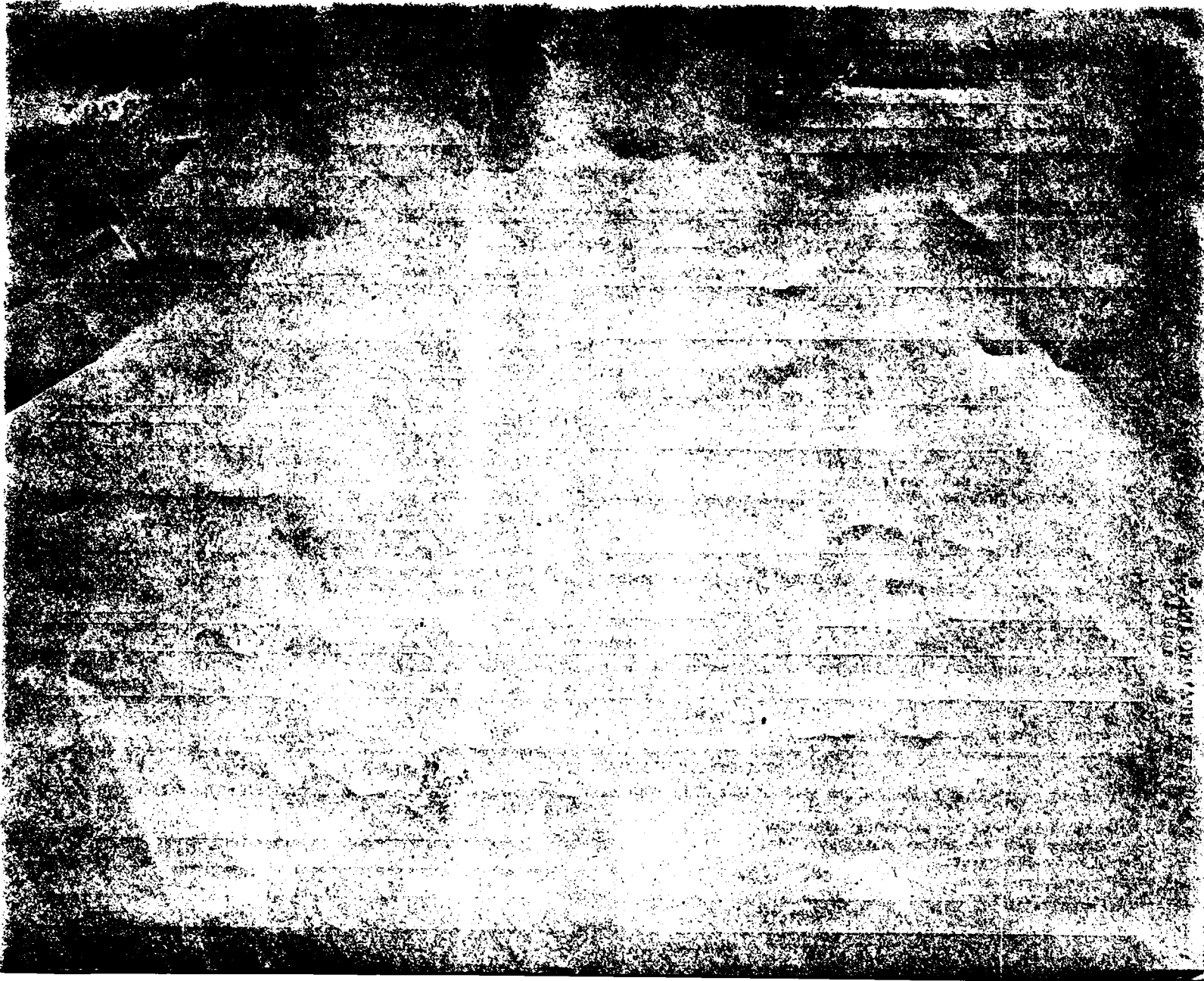
(Signed) W. A. Carson, M. D.

or _____, Midwife

Address Payette, Idaho

Filed 9/11/37, 193 J. O. Edwards

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of PAYETTE.
City of PAYETTE.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

106267

State File No.

Registration District No. 4.Primary Registration District No. 1008Local Registrar's No. 53.

(No. 1008-1931)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Karrer

(a) Residence. No. Payette Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 10, 1937</u>		
7. AGE Years <u>Stillborn</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette, Idaho
(State or country)

13. NAME John Karrer

14. BIRTHPLACE (city or town) Wisconsin
(State or country)

15. MAIDEN NAME Louisa Cox

16. BIRTHPLACE (city or town) Idaho
(State or country) John Karrer

17. INFORMANT Mrs. John Karrer
(Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Payette, Idaho Date 9-11-1937

19. UNDERTAKER Pharm C. ...
(Address)

20. FILED 9/11/37 1937 JOHN ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 10 1937

22. I HEREBY CERTIFY, That I attended deceased from
Sept. 10, 1937 to Sept 10, 1937

I last saw him alive on Sept 10, 1937; death is said to have occurred on the date stated above, at birth - 7:45 AM.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Sept. 10, 1937

Other contributory causes of importance:

Fetal malformation

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... so, specify

(Signed) Ed Parkinson, M. D.(Address) Payette Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Wallace</u> No. <u>Wallace Hosp</u> St. (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Richard Lee Zanetti - Stillborn</u>			
3. Sex <u>Male</u>	4. Twin, triplet, or other births	5. Number, in order of birth	6. Premature Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept 4, 1937</u> (Month, Day, Year) <u>5 50 am</u>
9. Full name FATHER <u>William Zanetti</u>			10. Full maiden name MOTHER <u>Dorothy Evelyn Davis</u>		
11. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>			12. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		
13. Color or race <u>White</u>			14. Age at last birthday <u>28</u> (years)		
15. Birthplace (city or place) (State or Country) <u>Nine Mile Idaho</u>			16. Birthplace (city or place) (State or Country) <u>Kellogg Idaho</u>		
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trucking</u>			18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W.</u>		
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
21. Date (month and year) last engaged in this work			22. Date (month and year) last engaged in this work		
23. Total time (years) spent in this work			24. Total time (years) spent in this work <u>3 yr</u>		
25. What prophylactic was used to prevent Ophthalmia Neonatorum?					
26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
27. If stillborn, period of gestation <u>9 mo</u> { months or weeks			28. Cause of Stillbirth { Before labor During labor <u>L.S.P</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:50 am on the date above stated.
(Born Alive or Stillborn)

(Signed) W. S. Smith, M. D.

or _____ Midwife

Address Wallace Idaho

Filed Oct 7, 1937 John Bern Registrar.

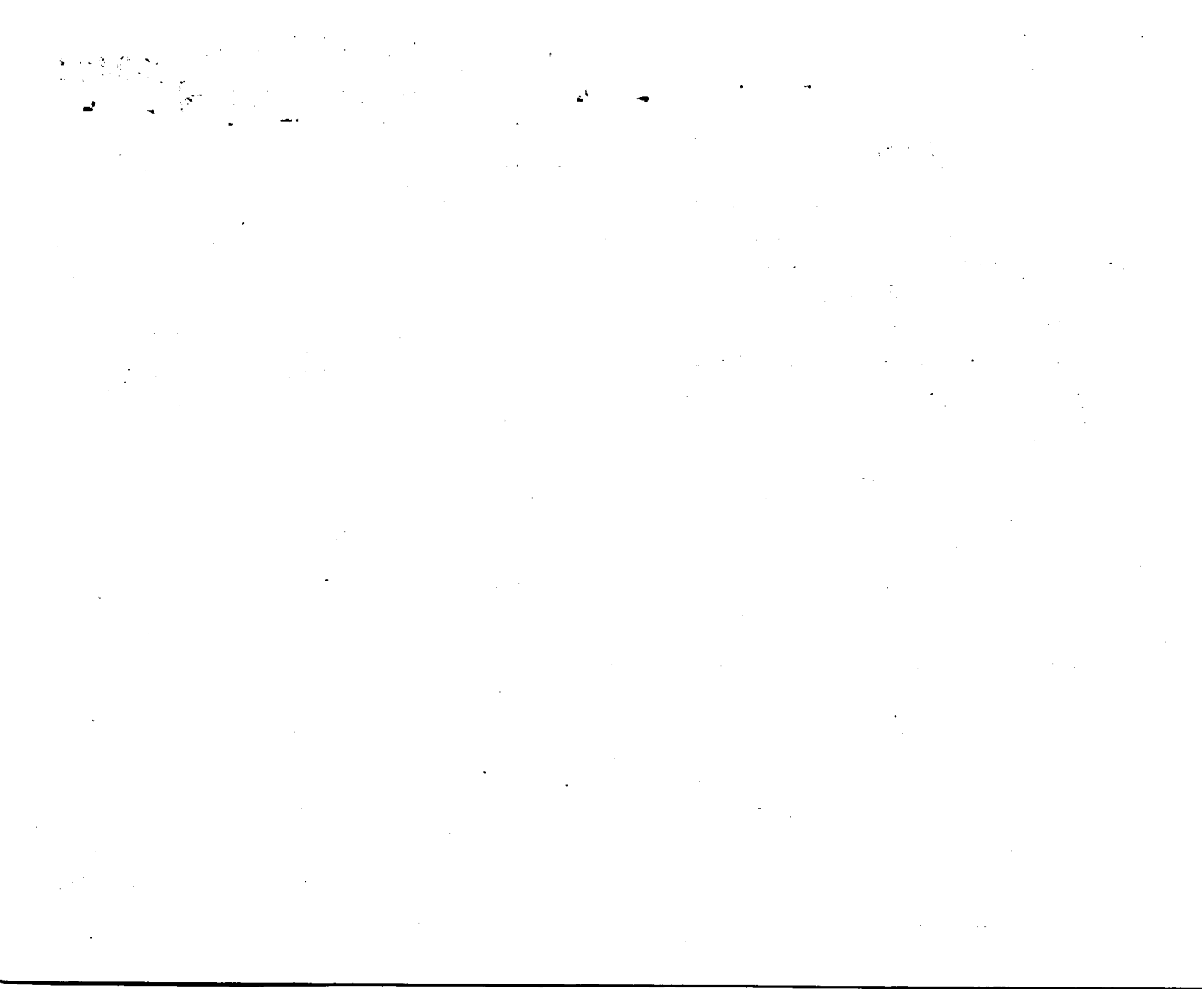
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruction on back of certificate.

PLACE OF DEATH Shoshone STATE OF IDAHO
 County of Wallace DEPARTMENT OF PUBLIC WELFARE
 City of Wallace BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
 106271
 State File No. _____

00:13 1937

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 27

(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Lee Infant son of William Zanetti

(a) Residence No. Wallace St. Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) none

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept 4 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wallace
 (State or country) Ida

13. NAME William Zanetti

14. BIRTHPLACE (city or town) Wallace
 (State or country) Ida

15. MAIDEN NAME Dorothy E. Davis

16. BIRTHPLACE (city or town) Kellogg
 (State or country) Ida

17. INFORMANT William Zanetti
 (Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL
 Place Wallace Date Sept 1937

19. UNDERTAKER Ch. H. Hestell
 (Address) Wallace Ida

20. FILED Sept 14 1937 John Burr
 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 4 1937

22 I HEREBY CERTIFY, That I attended deceased from Sept 4 1937, to Sept 4 1937

I last saw h. _____ alive on _____ 1937: death is said

to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

True Born

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm. I. Smith

(Address Wallace, Ida)

UNITED STATES STANDARD-CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Wallace</u> No. _____ St. <u>Wallace Hospital</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Darlene Lee Lightner - Stillborn</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 259431 Registration District No. <u>70</u> State File No. _____ Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>59</u>	
3. Sex <u>Female</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept 21, 1937</u> (Month, Day, Year) <u>3</u> ²⁰ <u>am</u>
9. Full name <u>Mike D Lightner</u> 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Duthie</u> 11. Color or race <u>White</u> 12. Age at last birthday <u>2 1/2</u> (years) 13. Birthplace (city or place) (State or Country) <u>Idaho</u>		18. Full maiden name <u>Ruthie Hermeline Legault</u> 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Duthie</u> 20. Color or race <u>White</u> 21. Age at last birthday <u>2 1/2</u> (years) 22. Birthplace (city or place) (State or Country) <u>Murry Ida</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Timbering</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Jack Unit</u> 16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work <u>1 1/2 yr</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W.</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work <u>4 yr</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor. During labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:20 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

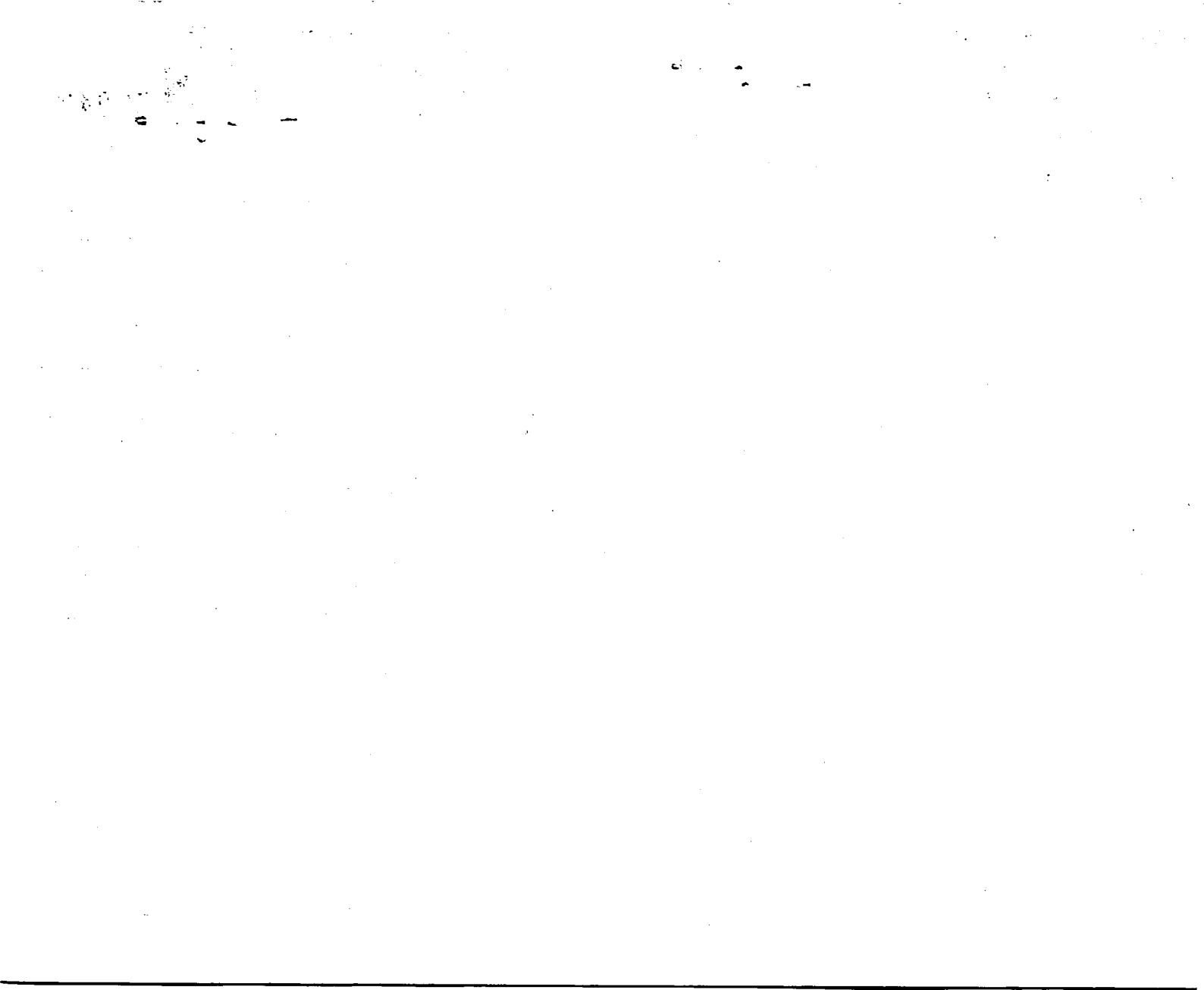
(Signed) James E. Egan, M. D.

or _____, Midwife

Address Wallace Idaho

Filed Oct 7, 1937 John B. Bower

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Shoshone</u>	City of <u>Wallace</u>		
Registration District No. <u>70</u>		Local Registrar's No. <u>34</u>	
Primary Registration District No. <u>1011</u>		(No. <u>Wallace</u>)	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>BABY LIGHTNER</u>			
(a) Residence. No. <u>DUTCH</u>		(If nonresident give city or town and state)	
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Sept. 24-1937</u>			
7. AGE	Years	Months	Days
			If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Idaho</u>			
13. NAME <u>Th. D. Lightner</u>			
14. BIRTHPLACE (city or town) <u>ENAVILLE</u> (State or country)			
15. MAIDEN NAME <u>PAULINE LAGAUT</u>			
16. BIRTHPLACE (city or town) <u>MURRAY</u> (State or country)			
17. INFORMANT <u>MO Lightner</u> (Address)			
18. BURIAL, CREMATION OR REMOVAL Place <u>Kellogg Sta.</u> Date <u>Sept 23, 1937</u>			
19. UNDERTAKER <u>Kellogg, Idaho</u> (Address)			
20. FILED <u>Sept 24, 1937</u> <u>John B. Brier</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Sept 24, 1937</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 21, 1937</u> to <u>Sept 21, 1937</u>			
I last saw him alive on <u>Sept 21, 1937</u> ; death is said to have occurred on the date stated above, at ____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Prolonged labor</u>			
<u>Child presentation</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury. _____			
Nature of injury. _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>Wm. E. Schaller, M. D.</u>			
(Address) <u>Wallace, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1921

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Twin Falls, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>Twin Falls County St. General Hospital</u>		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		259525	
2. FULL NAME OF CHILD <u>Robert Eugene Bertsch</u>		Registration District No. <u>37</u>	State File No. _____
3. Sex <u>M</u>		Prim. Registration District No. <u>1685</u>	Local Registrar No. <u>457</u>
If plural births { 4. Twin, triplet, or other _____		Full term <u>yes</u>	mate? <u>yes</u>
5. Number, in order of birth _____		8. Date of birth <u>9-16-1927</u> (Month, Day, Year)	
9. Full name <u>Dorcas William Bertsch</u>		18. Full maiden name <u>Velma Norine Grimm</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Idaho</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>26</u> (years)		21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Davenport, Nebraska</u>		22. Birthplace (city or place) (State or Country) <u>Humphreys, Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Garage worker.</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house keeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Union motor Co</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Present, 1927</u>		25. Date (month and year) last engaged in this work <u>Present, 1927</u>
17. Total time (years) spent in this work <u>14 months</u>		26. Total time (years) spent in this work <u>5 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living. <u>1</u> (b) Born alive but now dead. <u>0</u> (c) Stillborn. <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor or Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 7²⁸ m. on the date above stated.
(Born alive or Stillborn)

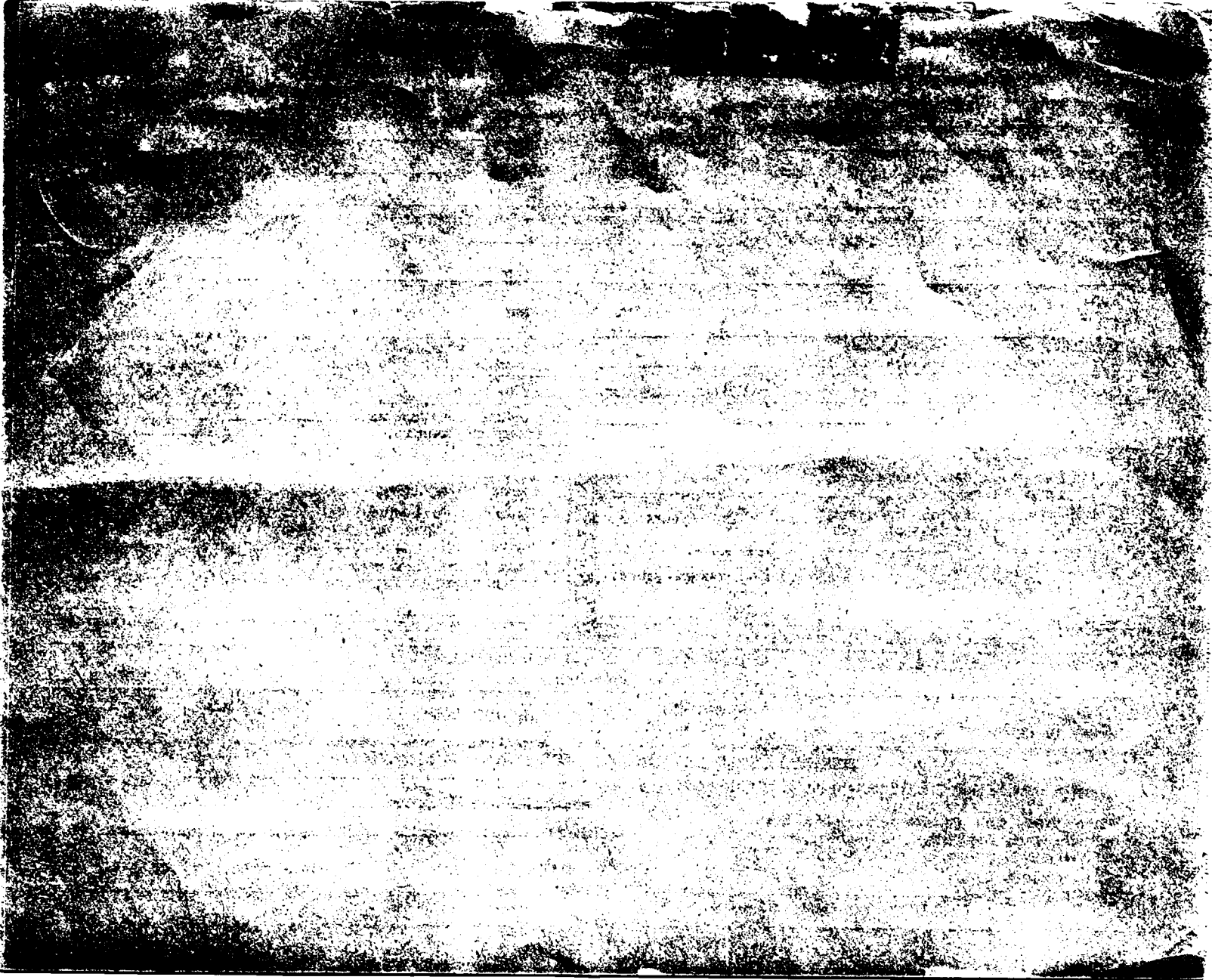
(Signed) Charles B. Beymer, M. D.

or _____, Midwife

Address Twin Falls, Idaho

Filed Oct. 11 - 1927 Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 106299

Registration District No. 37
Primary Registration District No. 1085
(Twin Falls Co. Gen. Hosp.)

Local Registrar's No. 200

Oct 18 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Eugene Bertsch

(a) Residence No. Twin Falls, Idaho 435 3rd ave nbb.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/16/37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

13. NAME Domer W. Bertsch

14. BIRTHPLACE (city or town) Davenport,
(State or country) Neb.

15. MAIDEN NAME Velma Norine Grimm

16. BIRTHPLACE (city or town) Humphries,
(State or country) Mo.

17. INFORMANT Domer W. Bertsch
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Co. 9/16-, 1937

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 9-16, 1937

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/16 1937

22 I HEREBY CERTIFY, That I attended deceased from 9/16- 1937 to 9/16- 1937

I last saw him on 9/16- 1937: death is said to have occurred on the date stated above, at 7:30a. m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation None Date of Clinical
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1937

Where did injury occur? No
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles B. Beymer M. D.

(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

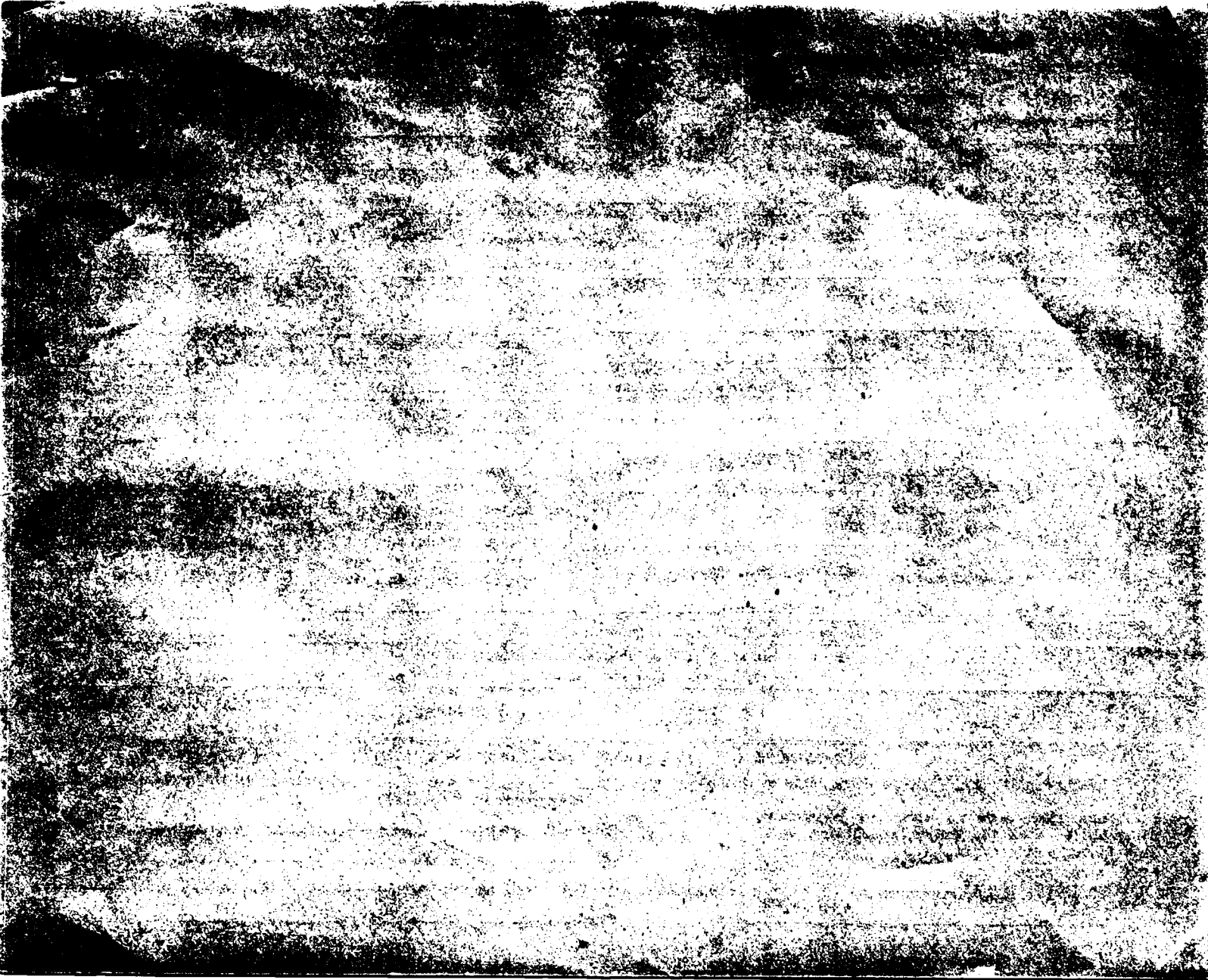
1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Twin Falls, Idaho</u> No. <u>Twin Falls County</u> St. <u>General Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>37</u> State File No. <u>259529</u> Prim. Registration District No. <u>2985</u> Local Registrar's No. <u>561</u>	
2. FULL NAME OF CHILD <u>Philip George Koch</u>			
3. Sex <u>m</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>-</u> Full term <u>-</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>1-23-1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Howard Koch</u>		18. Full maiden name MOTHER <u>Blanche Elizabeth Bear</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Idaho</u>	
11. Color or race <u>W</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>25</u> (years)		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Lamar Missouri</u>		22. Birthplace (city or place) (State or Country) <u>Delmon Colorado</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		
25. Date (month and year) last engaged in this work <u>Present, 1937</u>		26. Total time (years) spent in this work <u>18 months</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation { months or weeks		30. Cause of Stillbirth { During labor Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. _____
(Date of) _____

(Signed) W. J. Parkerson, M. D.
or _____, Midwife
Address Twin Falls
Filed 11-11-1937
Registrar W. J. Parkerson



PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 106305Local Registrar's No. 207Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Phillip George Koch(a) Residence No. Twin Falls, Ida. R.F.D. St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/23, 1937

7. AGE Years -- Months -- Days -- If LESS than 1 day hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME Howard Koch

14. BIRTHPLACE (city or town) Missouri
(State or country)

15. MAIDEN NAME Blanche Bear

16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Howard Koch
(Address) Twin Falls, Ida R.F.D.

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida Date 9/24, 1937

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-23-1937 McQuinn Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/23, 1937

22 I HEREBY CERTIFY, That I attended deceased from 9-23, 1937, to 9-23, 1937.

I last saw h. alive on 193 ; death is said to have occurred on the date stated above, at 12:30A m.

The principal cause of death and related causes of importance were as follows:

Stellborn
(malnutrition)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 .

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin R. Ransom, D.
(Address) Twin Falls, Ida

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH, in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

259536

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 20.85 Local Registrar's No. 878

2. FULL NAME OF CHILD Stillbirth

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 11, 1937 (Month, Day, Year)

9. Full name FATHER Martin William Groshane 18. Full maiden name MOTHER Louise Bertha Boldenow

10. Residence (usual place of abode) (If non-resident, give place and State) Filer 19. Residence (usual place of abode) (If non-resident, give place and State) Filer

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Davenport, Neb. 22. Birthplace (city or place) (State or Country) Bloomfield, Neb.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 18 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living none (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth Undetermined (Before labor _____) (During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:45 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) James Woodson Creed, M. D.

or _____, Midwife

Address Filer Idaho

Filed Oct. 12, 1937 James Woodson Creed Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Twin Falls</u>		CERTIFICATE OF DEATH		State File No. <u>106688</u>	
City of <u>Filer</u>		Registration District No. <u>31</u>			
		Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>217</u>	
NOV 13 1937		(No. _____)			
If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Still birth William Grosshaus</u>					
(a) Residence. No. _____		St. <u>Filer Idaho</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married , Widow ed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 11-1937</u>					
7. AGE—Years— <u>stillborn</u>	Months— <u>3</u>	Days— <u>45</u>	If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Filer</u> (State or country)					
MOTHER FATHER	13. NAME <u>Jo Hanna Martin William Grosshaus</u>				
	14. BIRTHPLACE (city or town) <u>Davenport, Neb.</u> (State or country)				
	15. MAIDEN NAME <u>Louise Bertha Boldenow</u>				
	16. BIRTHPLACE (city or town) <u>Bloomfield, Neb.</u> (State or country)				
17. INFORMANT <u>Walter John W. Grosshaus</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>Filer Idaho</u> Date <u>10-13-1937</u>					
19. UNDERTAKER <u>Parent</u> (Address)					
20. FILED <u>10-17</u> , 1937 <u>James Woodson Creed</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Oct. 11 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, 193____					
I last saw h. <u>Stillbirth</u> , 193____: death is said to have occurred on the date stated above, at <u>3:45</u> p. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillbirth</u>					Date of onset
<u>Cause undetermined</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>James Woodson Creed</u> M. D. (Address) <u>Filer, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Battle</u> No. <u>St. Alphonsus Hospital</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH : 259674 NOV 15 1937 Registration District No. <u>2</u> State File No. _____ Prim. Registration District No. <u>2004</u> Local Registrar's No. <u>709</u>	
2. FULL NAME OF CHILD			
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>9.25</u> 193 <u>7</u> (Month, Day, Year)			
9. Full name FATHER <u>Douglas Carter Jensen</u>		18. Full maiden name MOTHER <u>Beatrice Lucille Kemple</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Stibnite Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Stibnite Ida</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>28</u> (years)		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Battle Ida</u>		22. Birthplace (city or place) (State or Country) <u>Roseberry Ida</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Yellow Pine Min.</u>		
	16. Date (month and year) last engaged in this work <u>to date</u> , 19 <u>37</u>		
17. Total time (years) spent in this work <u>3</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Home</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work <u>to date</u> , 19 <u>37</u>	
26. Total time (years) spent in this work <u>4 1/2</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>3</u>			
29. If stillborn, 1 <u>3 mo</u> period of gestation <u>2 full term</u> { months or weeks		30. Cause of stillbirth <u>long hard labor</u> { Before labor <u>1</u> During labor <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) H. E. Schuman, M. D.

or _____ Midwife

Address Battle Ida

Filed 10-23, 1937 R. S. Sharp

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH.

DO NOT WRITE IN THIS SPACE

105988

State File No. _____

Registration District No. 2Primary Registration District No. 1904Local Registrar's No. 290(No. St. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald du Yensen

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX m 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-23-37

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Douglas G. Yensen

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lucile Kimble

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL CREMATION OR REMOVAL Place Date 9/24/1937

19. UNDERTAKER (Address)

20. FILED 9-27, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/23/1937

22 I HEREBY CERTIFY, That I attended deceased from

at delivery, 193, to, 193.I last saw h. alive on, 193, death is saidto have occurred on the date stated above, before birth m.

The principal cause of death and related causes of importance were as follows:

Stillbirth, due to cerebral compression,

Date of onset

Other contributory causes of importance:

disproportion between fetal head & maternal pelvis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. E. DeHaven, M. D.(Address) Boise, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	Date of onset
	1921
Cerebral hemorrhage	Date of onset
	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	Date of onset
	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	Date of onset
	1 week ago
Peritonitis	Date of onset
	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams
City of Tamarack
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 71 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 408

2. FULL NAME OF CHILD

Baby Foutz

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth 11/3/1937
(Month, Day, Year)

9. Full name FATHER

Marion H Foutz

10. Residence (usual place of abode)

If non-resident, give place and State) Tamarack

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place)
(State or Country)

Pleasant Grove Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw Mill

16. Date (month and year) last engaged in this work
11/3/37, 19____

17. Total time (years) spent in this work 2

18. Full maiden name MOTHER

Verle Luella Filley

19. Residence (usual place of abode)

(If non-resident, give place and State) Tamarack

20. Color or race White 21. Age at last birthday 18 (years)

22. Birthplace (city or place)

(State or Country) Tamarack Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work
10/20/37, 19____

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks

30. Cause of Stillbirth _____ { Before labor During labor Breast Infection

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 1:39 A. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

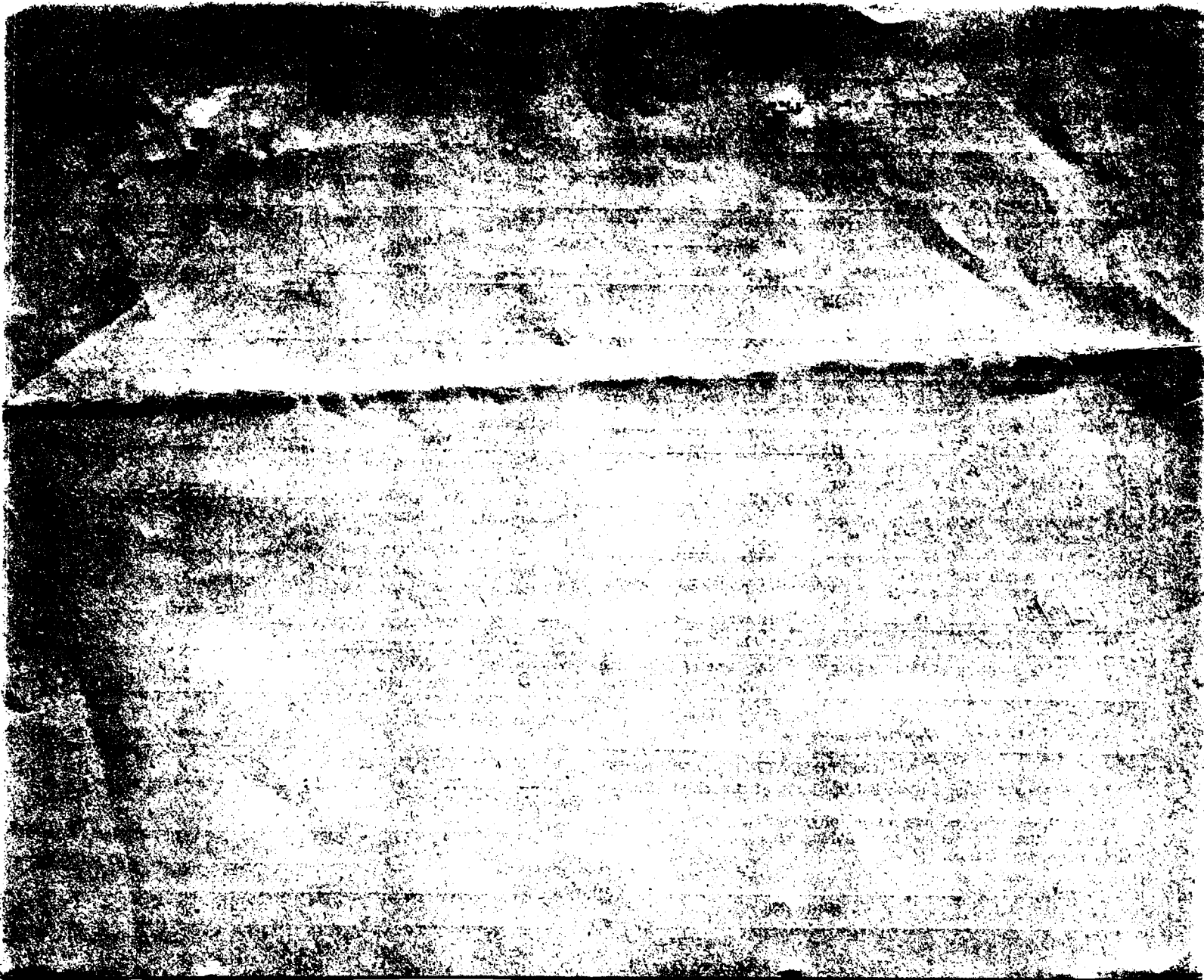
Registrar.

or _____, Midwife

Address Council Bluffs

Filed NOV - 5 1937 DR. ALVIN S. THURSTON
COUNCIL, IDAHO

Registrar.



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of.....	Adams	CERTIFICATE OF DEATH		State File No. 106386	
City of.....	Tamarack				
Registration District No. 71		Primary Registration District No.		Local Registrar's No. 174	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME Baby Foutz					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female		4. Color or Race White		5. Single, Married, Widowed or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none					
6. DATE OF BIRTH (month, day, and year) 11/3/37					
7. AGE Years Months Days		If LESS than 1 day... hrs. or min.			
Still Born					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none					
10. Date deceased last worked at this occupation (mo. and yr.) none					
11. Total time (years) spent in this occupation none					
12. BIRTHPLACE (city or town) (State or country) Tamarack Idaho					
13. NAME Marion Foutz					
14. BIRTHPLACE (city or town) (State or country) Pleasant Grove Ida.					
15. MAIDEN NAME Verle Luella Filley					
16. BIRTHPLACE (city or town) (State or country) Tamarack Idaho					
17. INFORMANT Family (Address)					
18. BURIAL, CREMATION OR REMOVAL 1.0.0.F. Cemetery Place Council Idaho Date 11/3/37 1937					
19. UNDERTAKER (Address) Family					
20. FILED NOV - 5 1937 ALVIN S. THURSTON REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 11/3/37 1937					
22. I HEREBY CERTIFY, That I attended deceased from 11/3/37 , 1937, to 11/3/37 , 1937.					
I last saw him in Dead 11/3/37 death is said to have occurred on the date stated above, at Still Born m.					
The principal cause of death and related causes of importance were as follows:					
Breach Presentation					
Date of onset 11/3/37					
Other contributory causes of importance:					
Contracted Pelvis					
Name of operation..... 0 Date of..... 0					
What test confirmed diagnosis? 00 Was there an autopsy? 0					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury... 1937.					
Where did injury occur? 0 (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. 0					
Manner of injury..... 0					
Nature of injury..... 0					
24. Was disease or injury in any way related to occupation of deceased? If so specify					
(Signed) Alvin S. Thurston M. D.					
(Address) Council Idaho					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 259777

Registration District No. 52 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>7-10-1937</u> (Month, Day, Year)
--------------------	---	---	---------------------------	---

9. Full name FATHER <u>Albert Smith Allen</u>	18. Full maiden name MOTHER <u>Anna Mary Winn</u>		
10. Residence (usual place of abode) <u>Montpelier, Ida</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Montpelier, Ida</u> (If non-resident, give place and State)		
11. Color or race <u>W</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) <u>Bloomington, Ida</u> (State or Country)	22. Birthplace (city or place) <u>Ogden, Utah</u> (State or Country)		

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Very much</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Operator U. P. R. R. Co.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive, but now dead _____ (c) Stillborn yes

29. If stillborn, period of gestation 9 months { months or weeks _____

30. Cause of stillbirth Not known Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

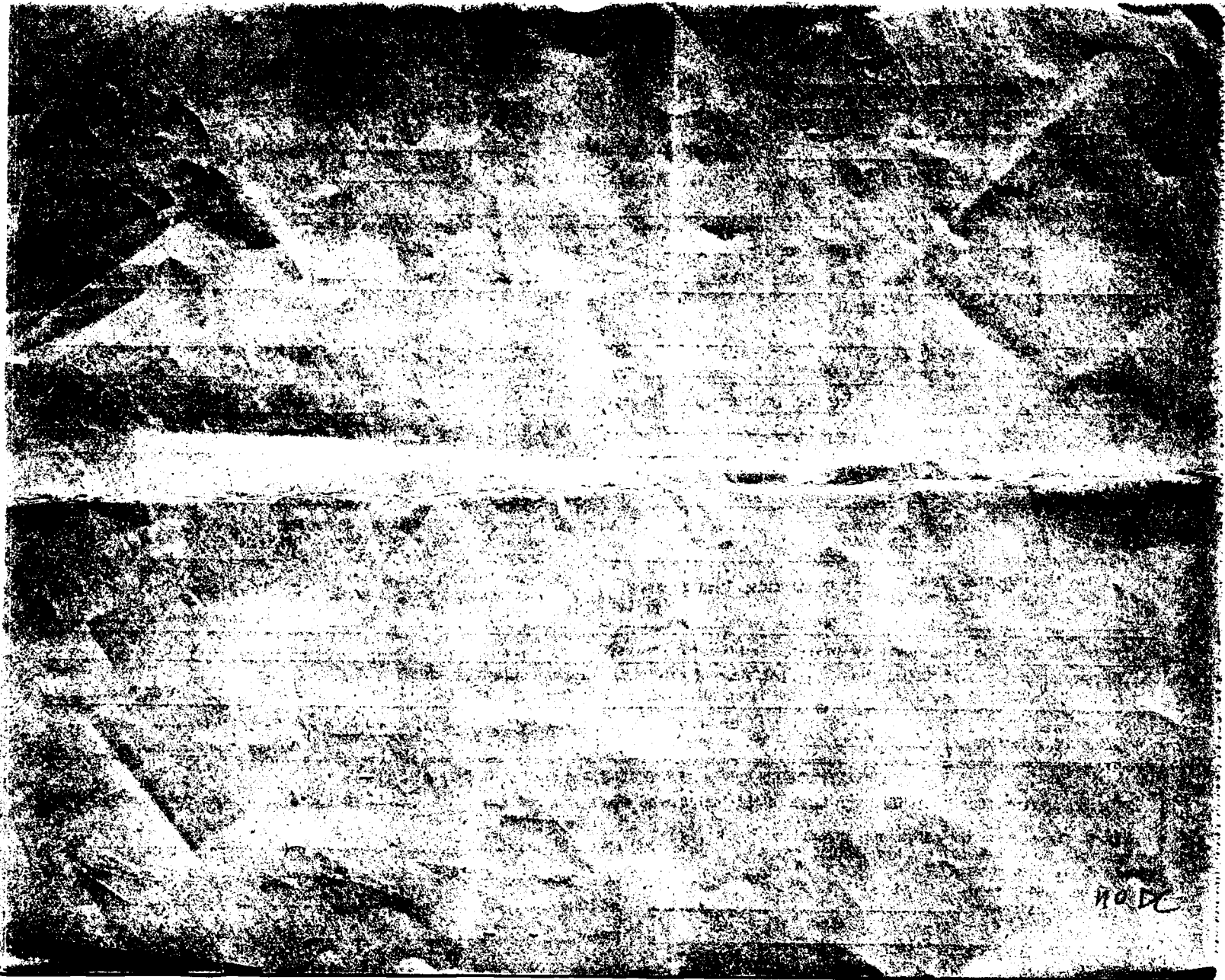
I hereby certify that I attended the birth of this child, who was Still Born at 9 m. on the date above stated.
(Resident or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. E. Ashley M. D.
Address Montpelier, Idaho
Filed 9-30-37, 1937

Give name added from a supplemental report _____
(Date of) _____

Registrar. Registrar.



HDC

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

391 215 010 236
1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Memorial Drive St.
S. D. S. Hospital
(If born in hospital or institution give name.)

NOV 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

259876
S

Registration District No. 73 State File No. 696
Prim. Registration District No. 2150 Local Registrar's No. 696

2. FULL NAME OF CHILD

3. Sex girl If plural { 4. Twin, triplet, or other _____ 6. Premature no 7. Legiti- 8. Date of
births { 5. Number, in order of birth _____ Full term yes mate? yes birth 10-15, 193 7
(Month, Day, Year)

9. Full name FATHER Maurice Evan Crapo 18. Full maiden name MOTHER Vida Lucille Stoddard

10. Residence (usual place of abode) Parker, Idaho 19. Residence (usual place of abode) Parker, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 (years) 20. Color or race white 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Parker, Idaho 22. Birthplace (city or place) Parker, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

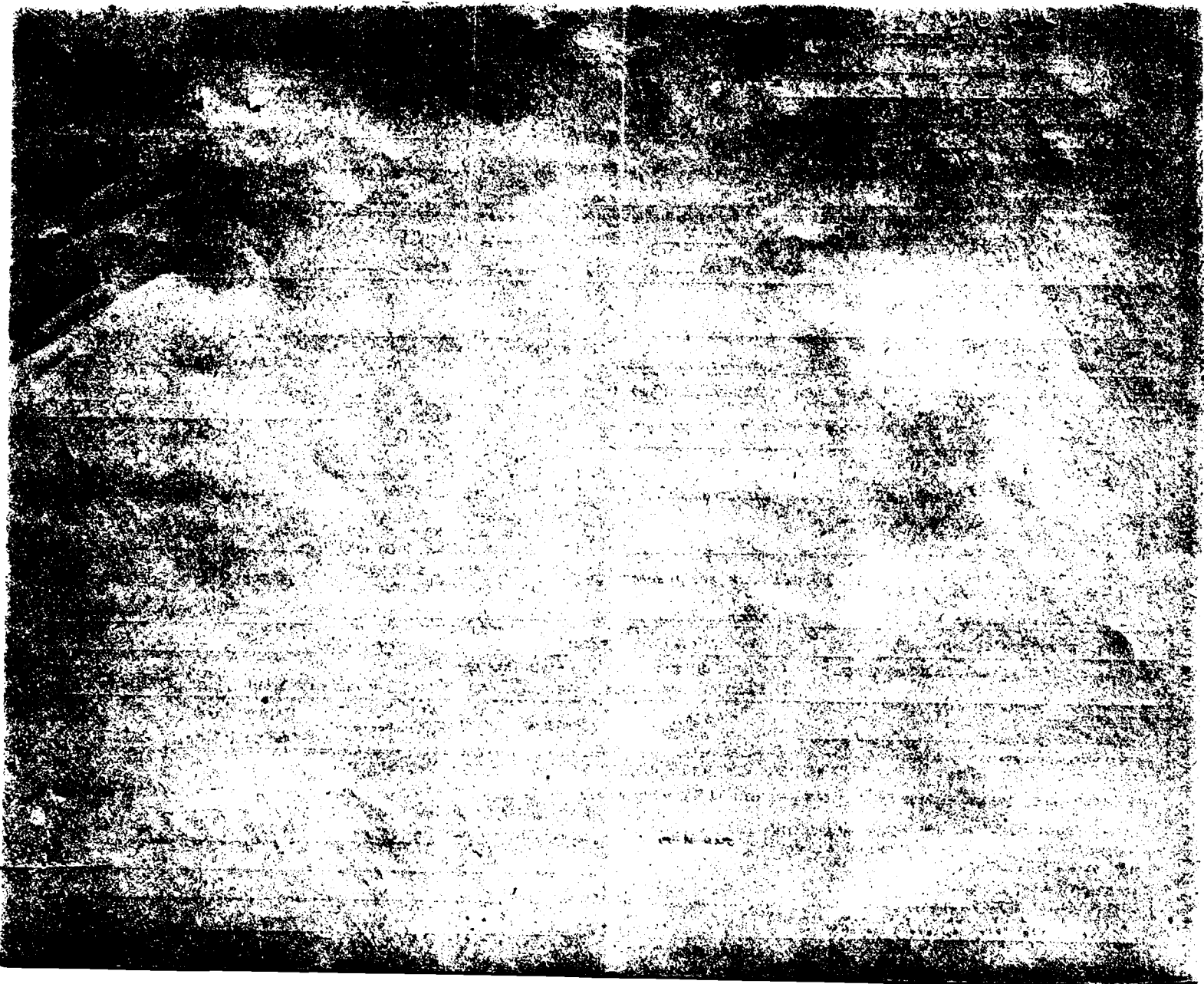
16. Date (month and year) last engaged in this work October, 1937 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work October, 1937 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 120 am on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Harry Hatch, M. D.
or _____
Give name added from a supplemental report _____ Address Idaho Falls, Idaho
(Date of) _____ Filed Oct 15, 1937 Quinn Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville DEPARTMENT OF PUBLIC WELFARE
City of Shoshone Falls BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2140

DO NOT WRITE IN THIS SPACE

106467

State File No. 204

NOV 8 - 1937

(No. L. A. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth(a) Residence No. 206St. 206

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Girl 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of Stillbirth
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-15-37

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone Falls
(State or country) Idaho

13. NAME Maurice Evan Crapo

14. BIRTHPLACE (city or town) Parker Idaho
(State or country)

15. MAIDEN NAME Vida Lucille Stillbirth

16. BIRTHPLACE (city or town) Parker Idaho
(State or country)

17. INFORMANT Dr. M. E. Crapo
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Parker Idaho Date Oct 16, 1937

19. UNDERTAKER none
(Address)

20. FILED Oct 14, 1937 Chas. J. Crapo
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/15/1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937, to Oct. 15, 1937

I last saw him alive on 1937: death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Still born
Cause unknown

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Chas. J. Crapo M. D.
(Address) Shoshone Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

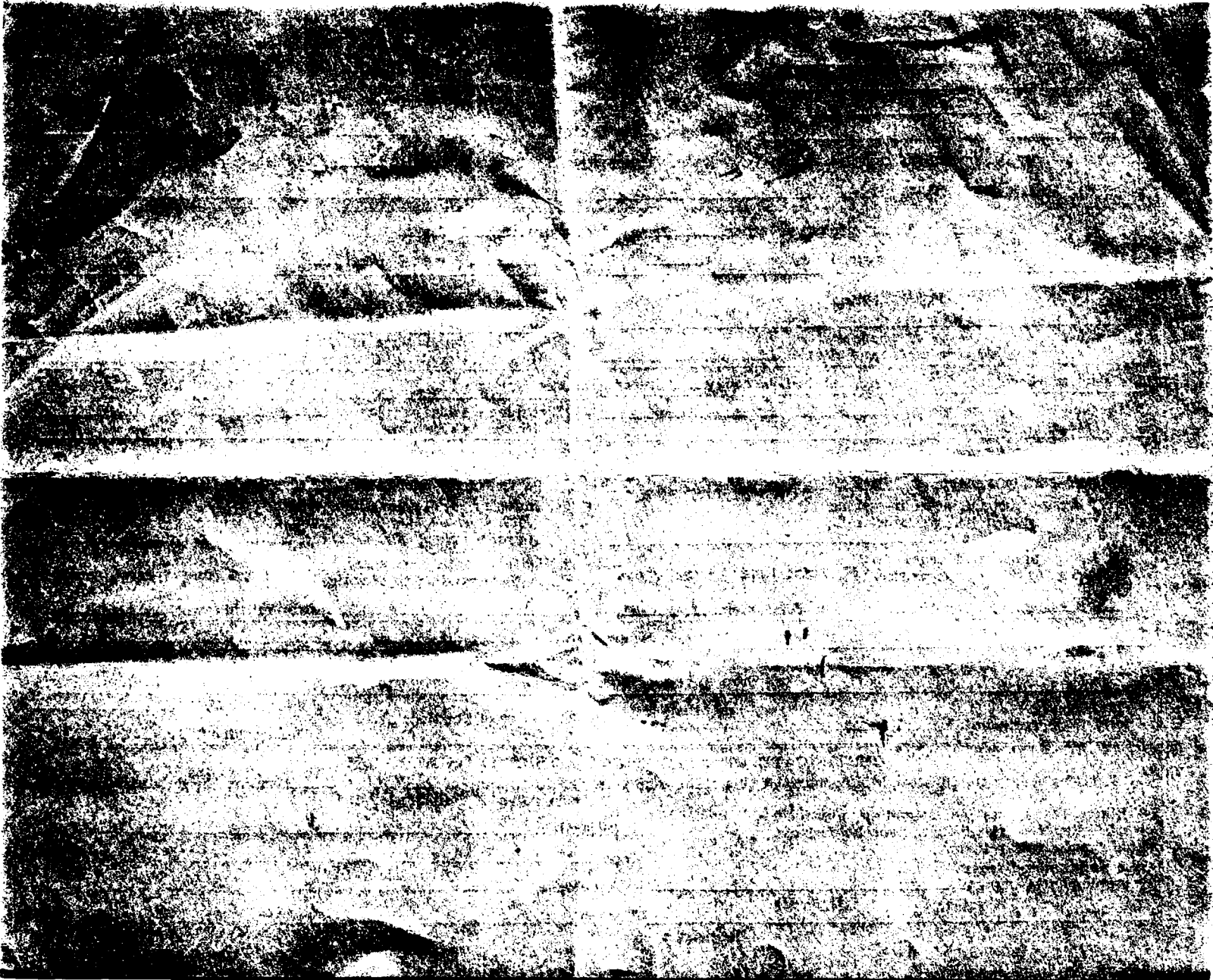
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH County of <u>Cassia</u> City of <u>Burley</u> No. _____ St. _____ <u>Cottage Hospital</u> (If born in Hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS NOV 8 - 1937 CERTIFICATE OF BIRTH 260042	
2. FULL NAME OF CHILD <u>Beverly Irene Funk Tillman</u>		Registration District No. <u>117</u> State File No. _____ Prim. Registration District No. <u>2176</u> Local Registrar's No. <u>257</u>	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>
8. Date of birth <u>Oct 27</u> , 193 <u>7</u> (Month, Day, Year)			
9. Full name FATHER <u>Rufus M. Funk</u>		18. Full maiden name MOTHER <u>Nora Rose</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>29</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) <u>Sever Washington</u> (State or Country)		22. Birthplace (city or place) <u>Parkley, Idaho</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>now</u> , 19____		17. Total time (years) spent in this work <u>7 yrs</u>
25. Date (month and year) last engaged in this work <u>now</u> , 19____		26. Total time (years) spent in this work <u>7 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 mo.</u> { months or weeks		30. Cause of stillbirth _____ { Before labor. _____ During labor. <input checked="" type="checkbox"/>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:10</u> p. m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.			
(Signed) <u>Chas. A. [Signature]</u> , M. D.		or _____, Midwife	
Address _____		Filed <u>Nov 9</u> , 193 <u>7</u> <u>Lauro H. Sprocher</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Passaic
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **106530**

Registration District No. 117Primary Registration District No. 2196Local Registrar's No. 76(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Irene Funk(a) Residence. No. Burley - Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Oct. 27 - 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. Still Born

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley (State or country) Idaho

MOTHER/FATHER

13. NAME Angus M. Funk14. BIRTHPLACE (city or town) Washington (State or country) _____15. MAIDEN NAME Elvora B. Funk16. BIRTHPLACE (city or town) Idaho (State or country) _____17. INFORMANT Angus M. Funk (Address) Burley - Idaho

18. BURIAL, CREMATION OR REMOVAL _____

Place Burley, Idaho Date 10-29-193719. UNDERTAKER Johnson Mortuary (Address) Burley, Idaho20. FILED 10-28-1937 Laura S. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-27-193722. I HEREBY CERTIFY, That I attended deceased from 10-27, 1937, to 10-27, 1937I last saw her alive on Still, 1937; death is saidto have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born child

Other contributory causes of importance:

Born injured

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Charles H. Grover, M. D.(Address) Burley, Idaho

Dr. P. A. Teichner

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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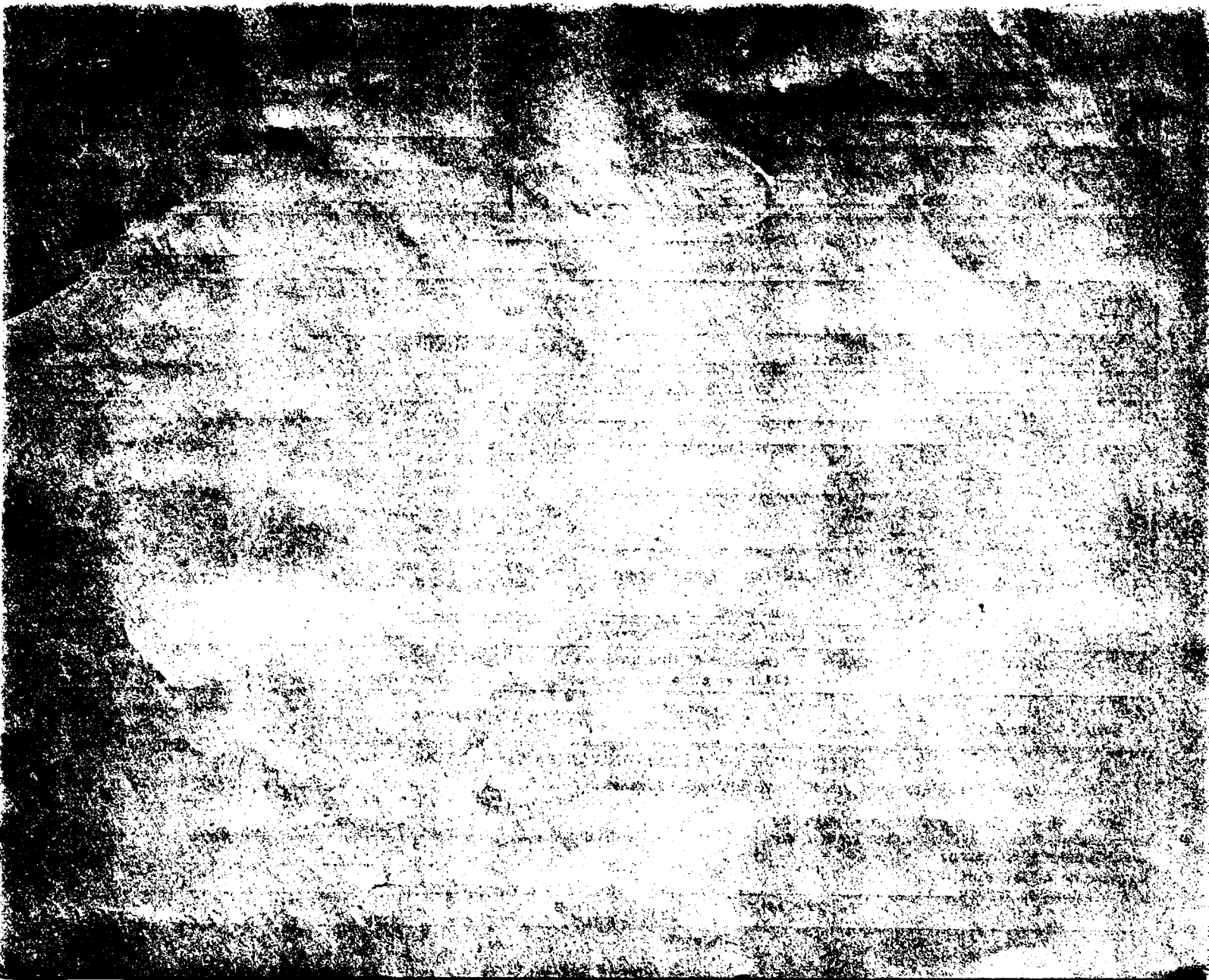
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

1. PLACE OF BIRTH
County of Gooding
City of Gooding NOV 6 - 1937
No. Gooding Co. Hosp. St. Gooding
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 24 Local Registrar's No. 422
2. FULL NAME OF CHILD (Still born)

3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term _____	7. Legitimate? <u>Yrs</u>	8. Date of birth <u>10-15</u> 19 <u>37</u> (Month, Day, Year)
9. Full name <u>William Edgar Gohrig</u>	FATHER		18. Full maiden name <u>Ellen Conne Gohrig</u>	
10. Residence (usual place of abode) <u>Gooding</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Gooding</u> (If non-resident, give place and State)		20. Color or race <u>W</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>32</u> (years)		21. Age at last birthday <u>34</u> (years)	
13. Birthplace (city or place) <u>Shoshone</u> (State or Country) <u>Ida</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) <u>Meridian</u> (State or Country) <u>Ida</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____	
18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>W</u>	19. Date (month and year) last engaged in this work _____		20. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 4 mo { months or weeks
30. Cause of Stillbirth { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was (Still born) at 5:11 on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) Luther B Thompson, M. D.
or _____, Midwife
Address Gooding
Filed 10-31, 1937 J. H. Camwell
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.

County of *Gooding*City of *Gooding*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. *24*

(No. _____)

DO NOT WRITE IN THIS SPACE

State File No. *106568*Local Registrar's No. *748*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Stillborn Infant Gehrig* (Period of gestation *4 mos.*)(a) Residence No. *Mother: Mrs. W. E. Gehrig*(Usual place of abode) *Gooding Co. Hosp., Gooding*

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *11/10/1937*

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.*Stillborn*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Gooding Co. Hospital*
(State or country) *Gooding Ida*13. NAME *Wm. E. Gehrig*14. BIRTHPLACE (city or town) *Shoshone*
(State or country) *Ida*15. MAIDEN NAME *Ella A. Hudson*16. BIRTHPLACE (city or town) *Merridian*
(State or country) *Ida*17. INFORMANT *Mrs. Wm. E. Gehrig*(Address) *Gooding Ida*

18. BURIAL, CREMATION OR REMOVAL

Place *None*

Date _____, 193__

19. UNDERTAKER

(Address) *None*20. FILED *10-31*, 193__ *7*Registrar. *J. A. Cromwell*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *10/15/1937*22 I HEREBY CERTIFY, That I attended deceased from
10-15-37, 193__, to _____, 193__

I last saw h_____ alive on _____, 193__: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillbirth
Period of gestation
4 months

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *Arthur C. Thompson*(Address) *Gooding Ida*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

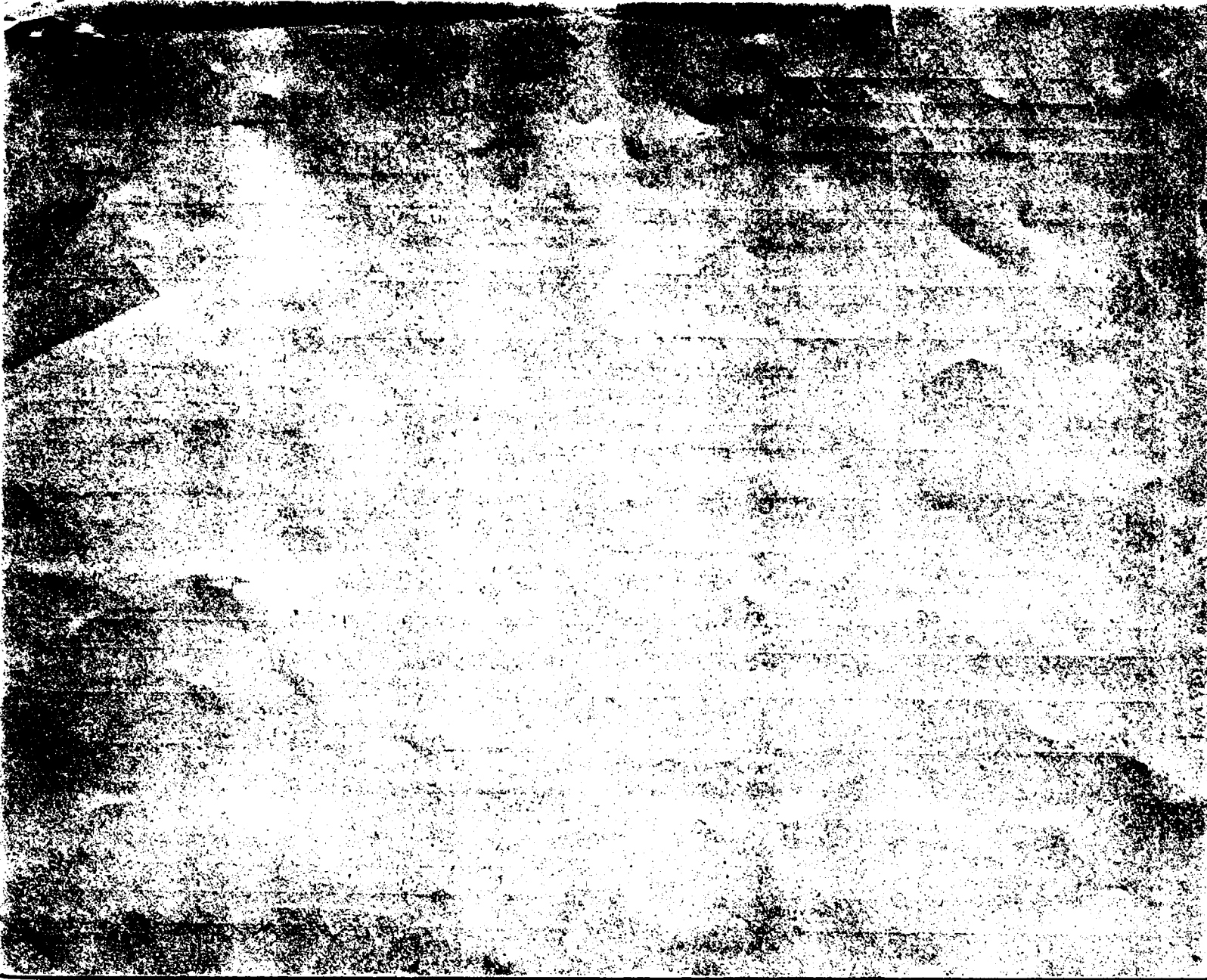
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Reynolds</u> No. <u>2</u> St. <u>2</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S260288 Registration District No. <u>100</u> State File No. <u>2128</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2128</u> Local Registrar's No. <u>244</u>	
2. FULL NAME OF CHILD <u>Amos G. Mortensen Jr.</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____
		6. Premature <u>5 1/2 mos</u>	7. Legitimate? <u>yes</u>
		Full term _____	mate? <u>yes</u>
8. Date of birth <u>Oct. 29, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Amos G. Mortensen</u>		18. Full maiden name MOTHER <u>Maud Mortensen</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds #2</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds #2</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) (State or Country) <u>Salem</u>		22. Birthplace (city or place) (State or Country) <u>Hibbard</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother (At time of this birth and including this child)		29. If stillborn, period of gestation <u>5 1/2 mos</u> { months or weeks	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
30. Cause of stillbirth <u>premature</u>		Before labor _____	
During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Amos G. Mortensen Jr.</u> at <u>Reynolds</u> on the date above stated.			
(Born Alive or Stillborn) <u>Born Alive</u>			
(Signed) <u>Reynolds</u> , M. D.			
or _____, Midwife			
Address _____			
Filed <u>11-8-</u> , 193 <u>7</u> <u>Miss H. Reynolds</u> Registrar			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>	City of <u>Boise</u>	CERTIFICATE OF DEATH		State File No. <u>106624</u>	
Registration District No. <u>100</u>		Primary Registration District No. <u>2128</u>		Local Registrar's No. <u>65</u>	
(No. _____)					
If death occurred in a hospital or institution, give its name instead of street and number					
2. FULL NAME <u>Annis J. Mortensen</u>					
(a) Residence. No. <u>Salem Ida.</u>		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 29-37</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
<u>X</u>	<u>X</u>	<u>X</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant.</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Salem Ida.</u>					
13. NAME <u>Annis J. Mortensen</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Salem Ida.</u>					
15. MAIDEN NAME <u>Maud Mortensen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Killbuck</u>					
17. INFORMANT <u>Annis J. Mortensen</u> (Address) <u>Boise, P.D. #2</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Salem Ida.</u> Date <u>Oct 29, 1937</u>					
19. UNDERTAKER <u>John J. Kelly</u> (Address) <u>Boise, P.D. #2</u>					
20. FILED <u>11-8</u> , 1937 <u>John J. Kelly</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Oct 29, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 29</u> , 1937, to <u>Oct 29</u> , 1937					
I last saw him alive on <u>Oct 29</u> , 1937; death is said to have occurred on the date stated above, at <u>11:00</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Premature</u> <u>5 months, 2 lbs.</u>					
Date of onset <u>Spontaneous onset</u> <u>of labor, no known cause</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>John J. Kelly</u> , M. D.					
(Address) <u>Boise, P.D. #2</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

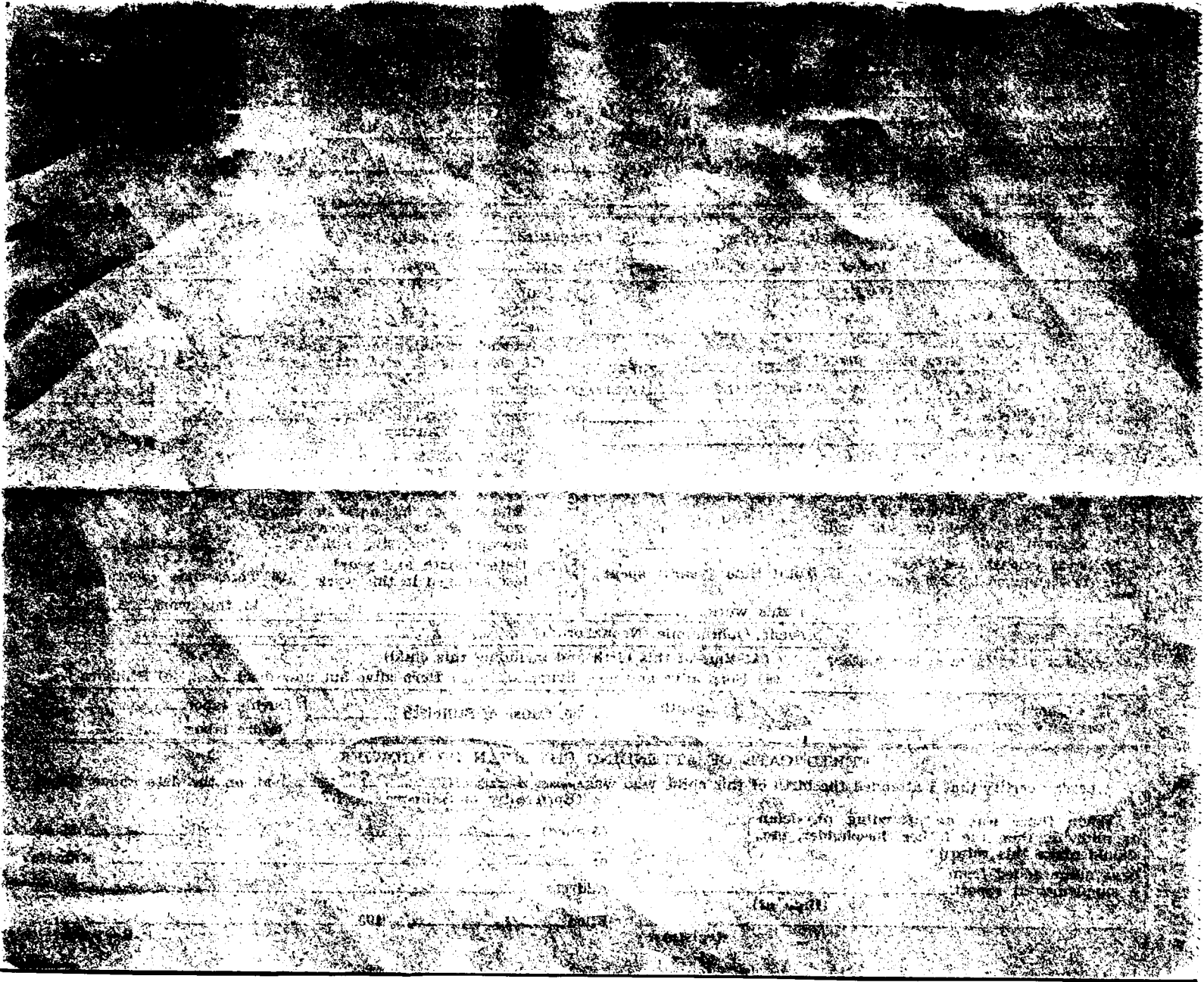
Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of My Gene
City of Lewiston
No. St. Joseph's St.
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. 260333
2. FULL NAME OF CHILD Marlene Rae Le Francis - Stillborn
3. Sex J If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 1 6. Premature Full term Yes 7. Legitimate? Yes 8. Date of birth Oct. 9, 1937 (Month, Day, Year)
9. Full name FATHER Robert J. Le Francis 18. Full maiden name MOTHER Esther Lillian Wright
10. Residence (usual place of abode) Clarkston Wash. 19. Residence (usual place of abode) Clarkston Wash.
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Washington 22. Birthplace (city or place) (State or Country) Alberta Canada
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? N. 9. No. 3
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. (Date of) Registrar.
(Signed) Paul W. Johnson, M. D.
or _____, Midwife
Address Lewiston Idaho
Filed Nov 5, 1937 M. J. Carty Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

106633

State File No.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 938

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marline Rae LeFrancis

(a) Residence. No. Clarkston, Wash

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 16, 1937

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME Robert Le Francis

14. BIRTHPLACE (city or town) Colfax
(State or country) Washington

15. MAIDEN NAME Eather Wright

16. BIRTHPLACE (city or town) Canada
(State or country)

17. INFORMANT Robert Le Francis
(Address) Clarkston, Wash

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 10/ 11, 1937

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash

20. FILED Nov 4, 1937 M. W. Casey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1937, to 10/11, 1937. I last saw stillborn alive on 10/11, 1937. death is said to have occurred on the date stated above, at 2:45 Pm. The principal cause of death and related causes of importance were as follows:

90% anemia
another had puerperal of pregnancy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1937.
Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. H. R. Merchant
(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate form must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Payette
City of _____
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug 21 1937
5. Number, in order of birth _____ Full term Yes mate? Yes (Month/Day/Year)

9. Full name FATHER Sean Willis Nelson
10. Residence (usual place of abode) (If non-resident, give place and State) Payette
11. Color or race W 12. Age at last birthday 53 (years)
13. Birthplace (city or place) (State or country) Loveland, Ia.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Martha Elizabeth Morton
19. Residence (usual place of abode) (If non-resident, give place and State) Payette
20. Color or race W 21. Age at last birthday 38 (years)
22. Birthplace (city or place) (State or country) Cone River, Ark.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 9 mo months or weeks 30. Cause of stillbirth not known Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

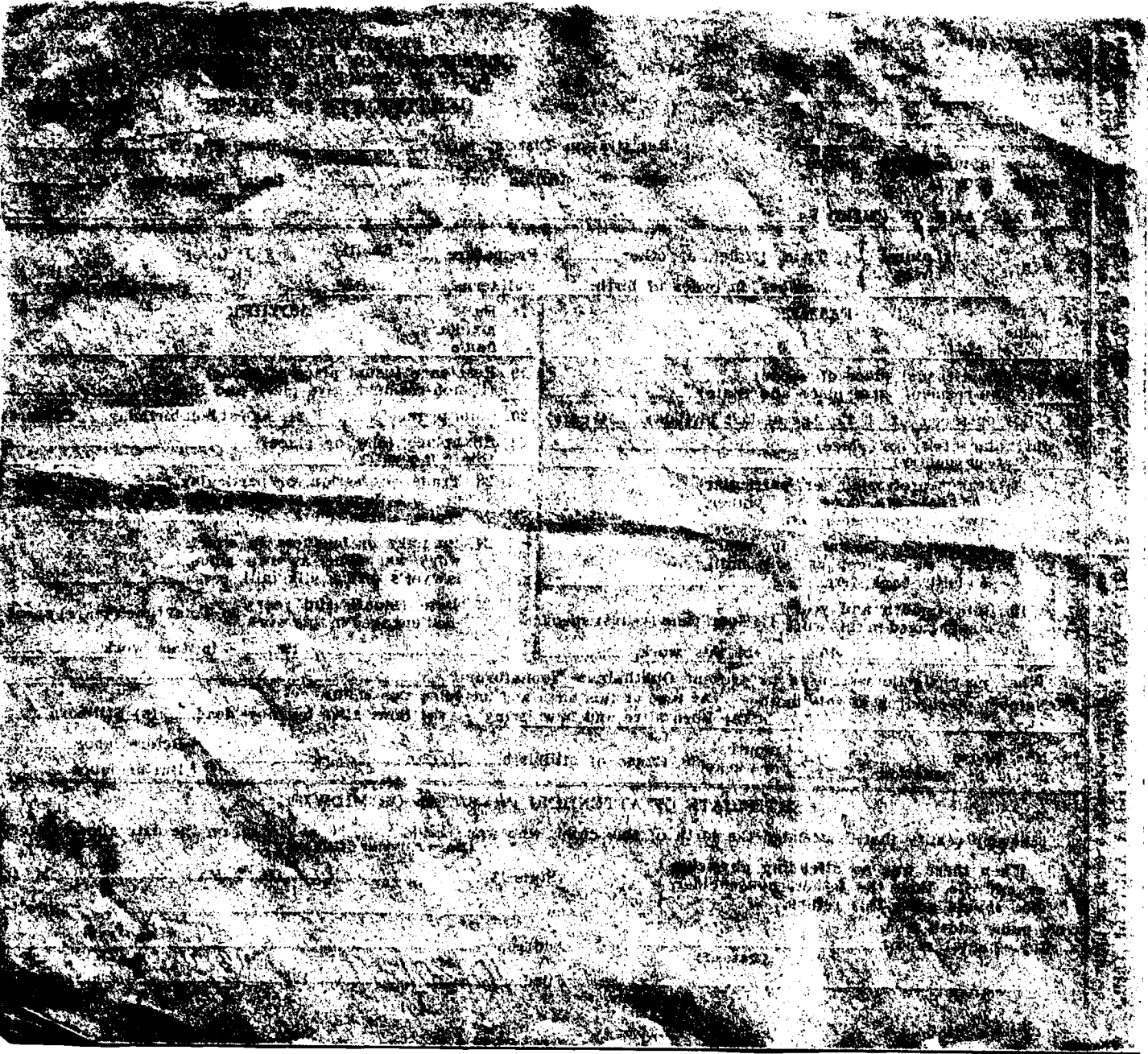
(Signed) M. Clark _____, M. D.

or _____, Midwife

Give name added from a supplemental report _____ (Date of) _____

Address Payette, Ida.

Filed 10/20/37 1937 J. C. Woodward Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 106652	
County of <u>Payette</u>	City of <u>Payette</u>	Registration District No. <u>4</u>	Primary Registration District No. <u>106652</u>	Local Registrar's No. <u>52</u>	
(No. <u>106652</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby 1st Lt.</u>					
(a) Residence. No. <u> </u> St. <u> </u> (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>aug 31 - 1937</u>					
7. AGE	Years	Months	Days	or LESS than 1 day <u> </u> hrs. or <u> </u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>balmy</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Payette Idaho</u>					
13. NAME <u>Heaven 1st Lt.</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Loveland Iowa</u>					
15. MAIDEN NAME <u>Mary Merton</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Loveland Iowa</u>					
17. INFORMANT (Address) <u>Heaven 1st Lt. Payette Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Payette Idaho</u> Date <u>8-31-1937</u>					
19. UNDERTAKER (Address) <u>Heaven 1st Lt. Payette Idaho</u>					
20. FILED <u>8/31/37</u> , 1937 <u>J. B. Woodward</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>8/31 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8-31-1937</u> , to <u>8-31-1937</u> . I last saw him <u>alive</u> on <u> </u> , 1937; death is said to have occurred on the date stated above, at <u>8:4</u> a. m. The principal cause of death and related causes of importance were as follows: <u>Still born</u>					
Other contributory causes of importance:					
Name of operation <u>none</u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1937 Where did injury occur? <u> </u> (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u> </u> Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> Signed <u>W. J. Gager</u> M. D. (Address) <u>Payette</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

314-216040 693

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Canyon Ave
Providencia Hospital
(If born in hospital or institution give name.)
Registration District No. 70 State File No. 260458
Prim. Registration District No. 1011 Local Registrar's No. 73

2. FULL NAME OF CHILD Baby born Lamb SUSAN JANE

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes Full term _____ 7. Legitimate? yes 8. Date of birth Oct 16, 1937 (Month, Day, Year)

9. Full name FATHER Leslie Oliver Lamb 18. Full maiden name MOTHER Kathleen Elsie Williams
10. Residence (usual place of abode) Burke 19. Residence (usual place of abode) Burke
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 20 (years)
13. Birthplace (city or place) Crown of Glens 22. Birthplace (city or place) Butte
(State or Country) Idaho (State or Country) Montana

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Star 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hof
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 mos 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 6 mos. { months _____ or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 10 A. m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registered _____

(Signed) John P. Breen, M. D.
or _____, Midwife
Address Wallace Idaho
Filed Oct 22, 1937 John P. Breen Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blushum
City of Wallace

RECEIVED
NOV 12 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 106679

Registration District No. 70

Primary Registration District No. 1011

Local Registrar's No. 44

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Lamb

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5d. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct - 15 - 37

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida

13. NAME Leslie Lamb

14. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Ida

15. MAIDEN NAME Cathleen Williams

16. BIRTHPLACE (city or town) Butte
(State or country) Mont.

17. INFORMANT Leslie Lamb
(Address) _____

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Date Oct 6, 1937

19. UNDERTAKER J. A. Bower
(Address) Wallace

20. FILED Oct 6, 1937 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 1937

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset,

Oct 15, 37

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Ernest S. Search, M. D.

(Address) Wallace, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		COUNTY OF <u>Duane Falls, Idaho</u>		CITY OF <u>Duane Falls</u>		No. <u>R.P.</u> St. <u>Duane Falls Gen. Hosp.</u>		Registration District No. <u>37</u>		State File No. <u>280496</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2085</u>		Local Registrar's No. <u>573</u>							
2. FULL NAME OF CHILD <u>Baby Schryler</u>											
3. Sex <u>Female</u>		If plural births		4. Twin, triplet, or other <u>Single</u>		5. Number, in order of birth <u>5th</u>		6. Legitimate? <u>yes</u>		7. Date of birth <u>Sept 17, 1937</u> (Month, Day, Year)	
9. Full name FATHER <u>Sam Schryler</u>						18. Full maiden name MOTHER <u>Jessie Roberts</u>					
10. Residence (usual place of abode) <u>Duane Falls</u> (If non-resident, give place and State)						19. Residence (usual place of abode) <u>Duane Falls</u> (If non-resident, give place and State)					
11. Color or race <u>white</u>						12. Age at last birthday <u>22</u> (years)					
13. Birthplace (city or place) <u>Illinois</u> (State or Country)						22. Birthplace (city or place) <u>Hollister, Idaho</u> (State or Country)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farmer</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>					
16. Date (month and year) last engaged in this work <u>@ present</u>						17. Total time (years) spent in this work <u>19</u>					
25. Date (month and year) last engaged in this work						26. Total time (years) spent in this work					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>10% Merc. Silver</u>											
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>											
29. If stillborn, period of gestation <u>4 months</u>						30. Cause of stillbirth <u>Before labor</u> { Before labor <u>premature of pregnancy</u> During labor <u> </u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) H. P. Lamb, M. D.

or _____, Midwife

Address 210 - 6 W. N. Duane Falls, Idaho

Filed Oct 16, 1937 H. P. Lamb Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

CERTIFICATE OF BIRTH

RECEIVED
NOV 13 1951

Registration District No. _____
Place of Birth _____
Date of Birth _____
Sex _____
Color of Hair _____
Color of Eyes _____
Height _____
Weight _____
Signature of Registrar _____
Date _____

1. Name of child at birth _____
2. Name of child at present _____
3. Name of mother at birth _____
4. Name of mother at present _____
5. Name of father at birth _____
6. Name of father at present _____
7. Date of birth _____
8. Place of birth _____
9. Sex of child _____
10. Color of hair _____
11. Color of eyes _____
12. Height of child _____
13. Weight of child _____
14. Signature of Registrar _____
15. Date _____

16. Name of child at birth _____
17. Name of child at present _____
18. Name of mother at birth _____
19. Name of mother at present _____
20. Name of father at birth _____
21. Name of father at present _____
22. Date of birth _____
23. Place of birth _____
24. Sex of child _____
25. Color of hair _____
26. Color of eyes _____
27. Height of child _____
28. Weight of child _____
29. Signature of Registrar _____
30. Date _____

CERTIFICATE OF ATTENDANCE
I hereby certify that I attended the birth of the child who was _____
at _____ on the _____ day of _____ 19____
Signature of Registrar _____
Date _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085(No. Twin Falls Co. Gen. Hosp.)

DO NOT WRITE IN THIS SPACE

State File No. 106687Local Registrar's No. 202

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fern Louise Schyler(a) Residence No. Twin Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/17/37

7. AGE Years Months Days If LESS than
0 0 0 1 day hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Infant

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked
at this occupation
(mo. and yr.) 11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

13. NAME Sam Schyler

14. BIRTHPLACE (city or town) Kansas
(State or country)

15. MAIDEN NAME Jessie Roberts

16. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

17. INFORMANT L.C. Roberts
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Co. Date 9/17/, 1937

19. UNDERTAKER White Mortuary Inc
(Address) Twin Falls, Idaho

20. FILED 9-18-, 1937

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9/17/193722 I HEREBY CERTIFY, That I attended deceased from 9/17/ to 9/17/, 1937.

I last saw stillborn alive on 9/17/ 1937; death is said
to have occurred on the date stated above, at 3:00a.m.

The principal cause of death and related causes of im-
portance were as follows:

Premature 3 1/2 mos.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an
autopsy?.....

23. If death was due to exter'l causes (violence) fill in also
the following:

Accident, suicide, or homicide?..... Date of injury.....
193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or
in public place.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation
of deceased?..... If so, specify

(Signed) H. E. Lamb M. D.(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

CERTIFICATE OF BIRTH S 260551

No. _____ St. _____		County <u>General</u> Hospital _____		Registration District No. <u>37</u>		State File No. _____	
(If born in hospital or institution give name.)				Prim. Registration District No. <u>2085</u>		Local Registrar's No. <u>630</u>	
2. FULL NAME OF CHILD <u>Catharine Lane Abbott Steelbarn</u>							
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 30, 1937</u> (Month, Day, Year)		
9. Full name <u>Louis Robert Abbott</u>	FATHER			MOTHER			
10. Residence (usual place of abode) <u>R³ Twin Falls, Ida</u>				18. Full maiden name <u>Erma Cleone Lloyd</u>			
(If non-resident, give place and State)				19. Residence (usual place of abode) <u>R³ Twin Falls, Ida</u>			
(If non-resident, give place and State)				(If non-resident, give place and State)			
11. Color or race <u>W</u>		12. Age at last birthday <u>41</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) <u>Gale, Idaho</u> (State or Country)				22. Birthplace (city or place) <u>Spanish Fork, Utah</u> (State or Country)			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>			
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farming</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
	16. Date (month and year) last engaged in this work <u>present, 1937</u>			25. Date (month and year) last engaged in this work <u>present, 1937</u>			
17. Total time (years) spent in this work <u>2 1/2 yrs</u>			26. Total time (years) spent in this work <u>1 yr</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% silver nitrate</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>5</u> (5) (a) Born alive and now living <u>7</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation _____ { months or weeks			30. Cause of Stillbirth { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:45 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Harwood L. Stoupe, M. D.
or _____, Midwife
Address Twin Falls, Idaho
Filed 11-10, 1937 [Signature] Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 106715Local Registrar's No. 248Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Lue Abbott

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Female</u>	4. Color or Race <u>"white"</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----		
6. DATE OF BIRTH (month, day, and year) <u>10/30/1937</u>		
7. AGE Years --	Months --	Days --
If LESS than 1 day ____ hrs. or ____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

FATHER	13. NAME <u>Lewis Abbott</u>
	14. BIRTHPLACE (city or town) <u>Yale</u> (State or country) <u>Idaho</u>

MOTHER	15. MAIDEN NAME <u>Erma Lloyd</u>
	16. BIRTHPLACE (city or town) <u>Spanish Fork</u> (State or country) <u>Utah</u>

17. INFORMANT Lewis Abbott
(Address) Twin Falls, Ida R.F.D. 3

18. BURIAL, CREMATION OR REMOVAL
Twin Falls, Ida Date 11/1, 1937

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls, Idaho

20. FILED Nov-1-, 1937 [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/30/3722 I HEREBY CERTIFY That I attended deceased from 10-30, 1937, to 10-30, 1937.

I last saw her alive on 10-30, 1937; death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

Stillborn
prolonged labor

Date of onset

Other contributory causes of importance:

Name of operation: _____ Date of: _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. L. Stout M. D.
(Address Twin Falls, Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Twin Falls, Ida</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>37</u> St. <u>37</u>		NOV 15 1937 CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>37</u> State File No. <u>S 260556</u>	
2. FULL NAME OF CHILD <u>Carla Ann Swanson</u>		Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>635</u>	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>x</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Nov 1</u> 193 <u>7</u> (Month, Day, Year)			
9. Full name <u>Myrl Holton Swanson</u> FATHER		18. Full maiden name <u>Ida Kelly</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Filer</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Filer</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>25</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Nampa Ida</u>		22. Birthplace (city or place) (State or Country) <u>Brigham city Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farm labor</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>life</u>		25. Date (month and year) last engaged in this work <u>life time</u>
17. Total time (years) spent in this work <u>life</u>		26. Total time (years) spent in this work <u>5 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn <u>yes</u>			
29. If stillborn, period of gestation <u>9 mos</u> { months or weeks		30. Cause of Stillbirth <u>Placenta previa</u> { During labor _____ Before labor <u>4 hrs</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ m. on the date, above stated. (Born Alive or Stillborn <u>Stillborn</u>)			
(Signed) <u>J. E. Swanson</u> , M. D.			
or _____, Midwife			
Address <u>Twin Falls</u>			
Filed <u>11-13</u> , 193 <u>7</u>			
Regist. <u>J. E. Swanson</u>			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Regist. _____

334000

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin FallsCity of Twin FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. Petz Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carol Ann Swanson

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 11/1/1937

7. AGE	Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.
	--	--	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho13. NAME Myrl Swanson14. BIRTHPLACE (city or town) Nampa
(State or country) Idaho15. MAIDEN NAME Ida Kelly16. BIRTHPLACE (city or town) Brigham
(State or country) Utah17. INFORMANT Myrl Swanson
(Address) Faler, Ida. R.F.D. 118. BURIAL, CREMATION OR REMOVAL
Twin Falls, Idaho Date 11/1, 193719. UNDERTAKER S.G. Phillips
(Address) Twin Falls, Idaho20. FILED Nov 1 - 1937 J. B. Phillips
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 106716Local Registrar's No. 245

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/1 1937

22 I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193.

I last saw her alive Still born 193. death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:Still born
mother had placenta
peria

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. B. Phillips, M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. St. Anthony St. Mercy Hospital
Registration District No. 28 State File No. S 260766
(If born in hospital or institution give name) Prim. Registration District No. 2161 Local Registrar's No. 2401
2. FULL NAME OF CHILD Infant Angelas

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Nov. 26, 1937</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>yes</u>		

9. Full name <u>William J. Howard</u>	FATHER	18. Full maiden name <u>Annie Carter</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>546 No. 4th</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>546 No. 4th</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country) <u>Greece</u>		22. Birthplace (city or place) (State or Country) <u>Illinois</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Graver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Gravary store</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks

30. Cause of stillbirth { Before labor. During labor delayed delivery

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

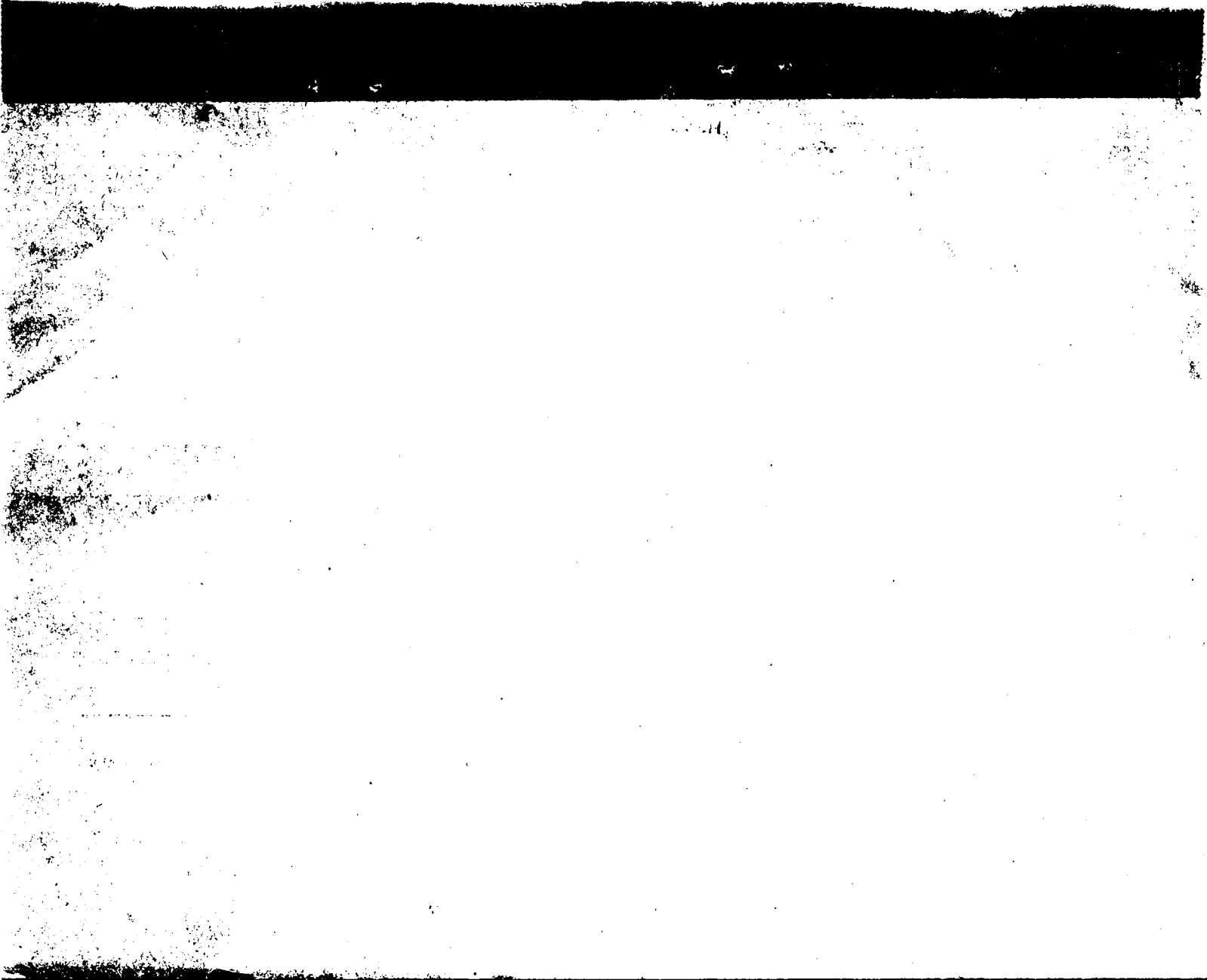
I hereby certify that I attended the birth of this child, who was Stillborn at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) William F. Howard, M. D.
or _____, Midwife

Address Pocatello, Idaho

Filed 12-7, 1937 D. Cray
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.....
(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bismarck
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 106811Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 1103(No. St. Anthony Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Angelos(a) Residence, No. 546 N. 4th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced, (write the word) single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -
6. DATE OF BIRTH (month, day, and year) Nov. 26, 32
7. AGE Years Months Days If LESS than 1 day hrs. or min. - - - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (mo. and yr.) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho13. NAME M^{rs} Angelos14. BIRTHPLACE (city or town) Greece
(State or country) -15. MAIDEN NAME Annie Contas16. BIRTHPLACE (city or town) Chicago
(State or country) -17. INFORMANT M^{rs} Angelos
(Address) 546 N. 4th18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Nov. 27, 193719. UNDERTAKER Edmund Funeral Home
(Address) Pocatello Idaho20. FILED 11-30-37 1937
Registrar D. E. Key

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Still born 1937, Nov. 26, 1937

I last saw him alive on _____, 1937; death is said

to have occurred on the date stated above, at 4:30 P. m.The principal cause of death and related causes of importance were as follows: Still born

Date of onset

Nov. 26

Other contributory causes of importance:

Large baby 11 lbsDelayed deliveryof bodyName of operation Clinical Date of _____What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____(Signed) William H. Newry M. D.(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

DEC 15 1937

Registration District No. 29 State File No. 260772
Prim. Registration District No. 2161 Local Registrar's No. 2407

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature 8 mo. Legiti-
5. Number, in order of birth _____ Full term no mate? yes 8. Date of birth Nov. 13 1937
(Month, Day, Year)

9. Full name FATHER
Henry Albert Loy
10. Residence (usual place of abode) 321 North Buchanan
(If non-resident, give place and State) Pocatello, Idaho
11. Color or race white 12. Age at last birthday 42 (years)
13. Birthplace (city or place) Spanish Fork, Utah
(State or Country)

18. Full maiden name MOTHER
Della Brown
19. Residence (usual place of abode) 321 No. Buchanan
(If non-resident, give place and State) Pocatello, Idaho
20. Color or race White 21. Age at last birthday 37 (years)
22. Birthplace (city or place) Pleasant Grove, Utah
(State or Country)

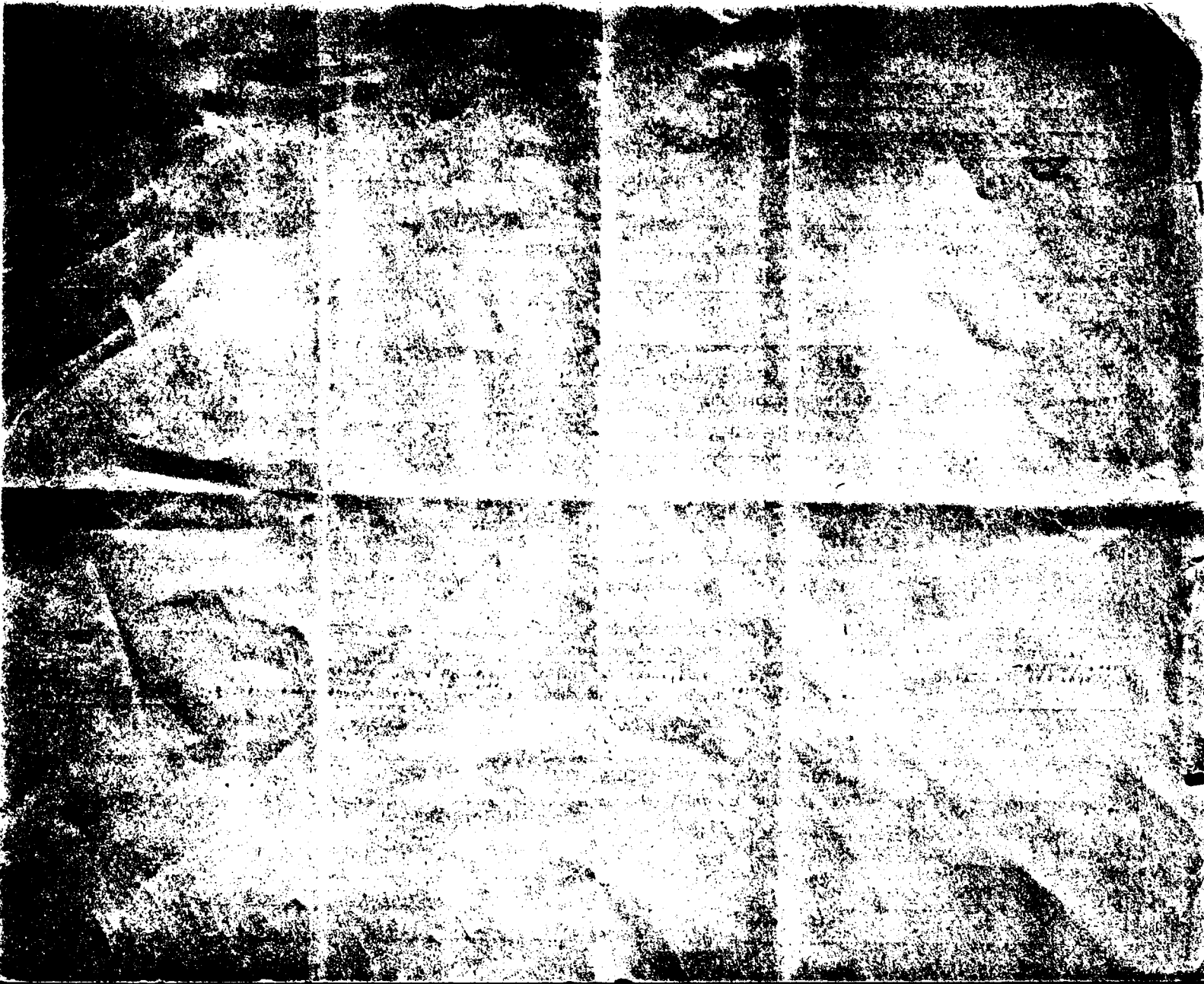
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fisherman
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20 yrs.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo. Silvol. 20%
28. Number of children of this mother (At time of this birth and including this child) six
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 8 months { months or weeks 30. Cause of stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn a.m. at 1:15 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) H. Bell M. D.
or _____ Midwife
Address Pocatello, Idaho
Filed 12-13 1937 D. C. Ray Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 106806

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. 1098(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Loy(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
November 14, 1937.

7. AGE Years <u>0</u>	Months <u>Still-Born</u>	Days <u>0</u>	If LESS than 1 day ____ hrs. or ____ min.
--------------------------	-----------------------------	------------------	---

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>
10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Pocatello, Idaho.

MOTHER FATHER

13. NAME Henry A. Loy14. BIRTHPLACE (city or town)
(State or country) Spanish Fork, Utah.15. MAIDEN NAME Della Brown16. BIRTHPLACE (city or town)
(State or country) Pleasant Grove, Utah.17. INFORMANT Henry A. Loy
(Address) Pocatello, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Pleasant Grove, Utah. Date Nov. 15, 1937.19. UNDERTAKER Olpin Bros. Mortuary
(Address) Pleasant Grove, Utah.20. FILED Nov. 14, 1937.
Registrar. D. C. Ray

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) NOV. 14, 1937.22. I HEREBY CERTIFY, That I attended deceased from
Nov 14, 1937, to _____, 1937I last saw him alive on _____, 1937; death is saidto have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Still birth premature (8 mos)
Mother fell 5 days & previous to labor
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) O. C. Ray M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1921

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

281131614-693

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 6th + Indiana St. St.

NOV 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 1 State, File No. 260977
Prim. Registration District No. 1005 Locs. Registrar's No. 245

2. FULL NAME OF CHILD (Stillborn) Shaw

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? ✓ 8. Date of birth Oct. 31, 1937 (Month, Day, Year)

9. Full name FATHER Jacob Thomas Spay
10. Residence (usual place of abode) Caldwell
(If non-resident, give place and State)

18. Full maiden name MOTHER Louise Olive Wilson
19. Residence (usual place of abode) Caldwell
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 34 (years)

20. Color or race W. 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Washburn, Wash.
(State or Country)

22. Birthplace (city or place) Logans, Kans.
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____
19. _____ in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____
19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 1 (b) Born alive but now dead 5 (c) Stillborn 3

29. If stillborn, period of gestation 9 months or weeks { 30. Cause of Stillbirth unknown { During labor _____ Before labor before

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

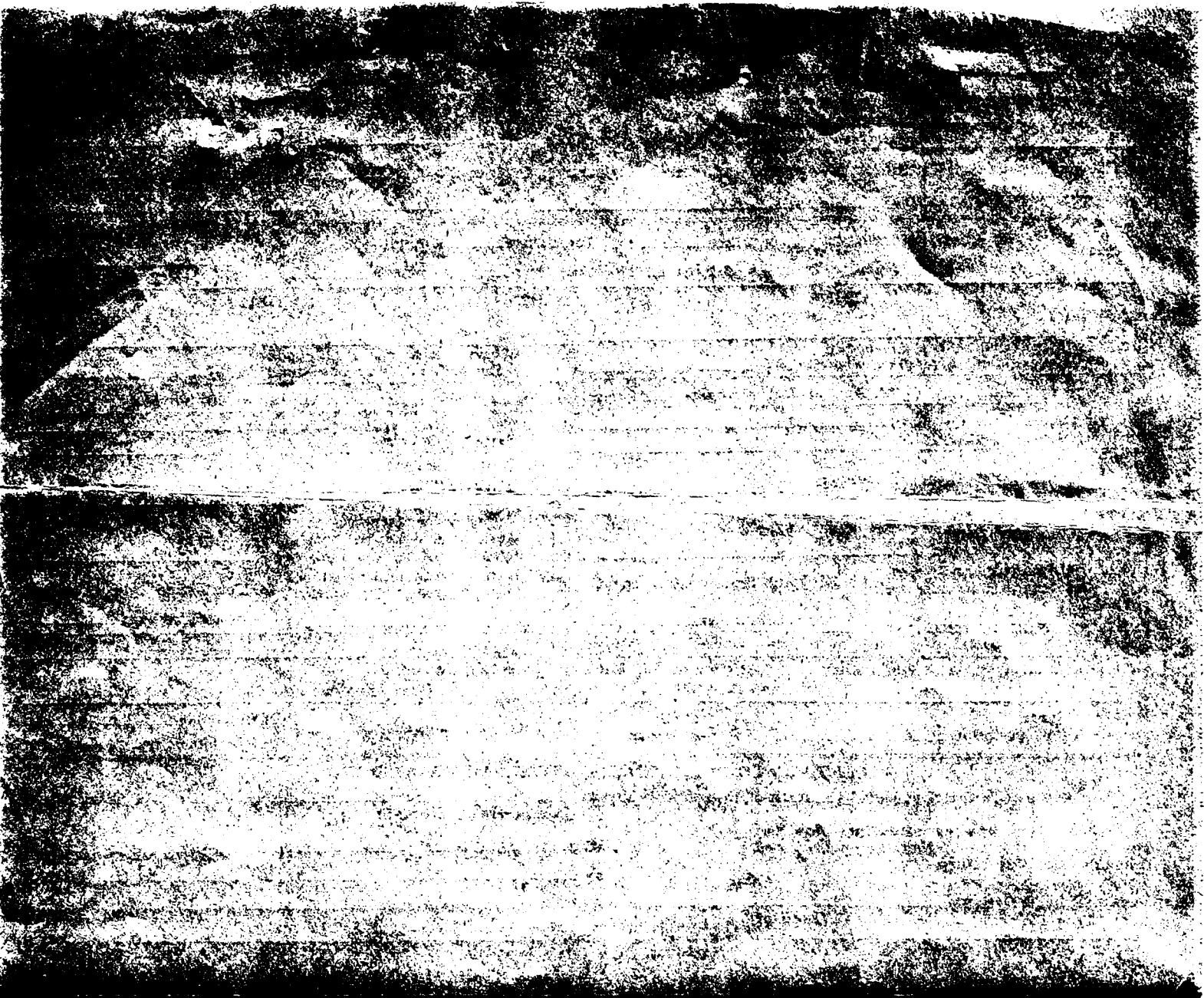
(Signed) D. E. A. Whittenburger D.O., M.D.

or _____, Midwife
Address Caldwell, Idaho

Filed 11-5, 1937 W. H. Montgomery

(Date of) _____
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **106893**

Registration District No. 1Primary Registration District No. 1005Local Registrar's No. 153

NOV 22 1937 If death occurred in a hospital or institution, give its name instead of street and number)
FULL NAME "Stillborn" Shaw

(a) Residence. No. 6th + Indiana St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Oct. 31, 1937

7. AGE Years Months Days If LESS than 1 day D. hrs. or P. min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell, Idaho
(State or country)

13. NAME Jacob Thomas Shaw

14. BIRTHPLACE (city or town) Starbuck, Wash.
(State or country)

15. MAIDEN NAME Louise Olive Wilson

16. BIRTHPLACE (city or town) Logan, Kansas
(State or country)

17. INFORMANT Mr. J. P. Rhoads
(Address) Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Local lot Date Oct 31, 1937

19. UNDERTAKER none (father)
(Address)

20. FILED 11/19, 1937 J. P. Rhoads
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to Oct 31, 1937.

I last saw him live on 193.....; death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Unknown

Other contributory causes of importance:

She has lost her out-
2 yrs children at
birth or a few days after

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. R. Whittenberger, D.O.
(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

261103

S

DEC 7 - 1937

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. Memorial Hosp St.
(If born in hospital or institution give name.)

Registration District No. 27 State File No.
Prim. Registration District No. 219 Local Registrar's No. 123

2. FULL NAME OF CHILD

Stillborn

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other. <u></u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>11.17.1937</u> (Month, Day, Year)
		5. Number, in order of birth <u></u>	Full term <u></u>		

9. Full name FATHER
Joseph William Heggerson
10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls, Idaho
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Basco, Idaho
(State or Country)

18. Full maiden name MOTHER
Luna Bodel Hansen
19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho Falls, Idaho
20. Color or race white 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Grant, Idaho
(State or Country)

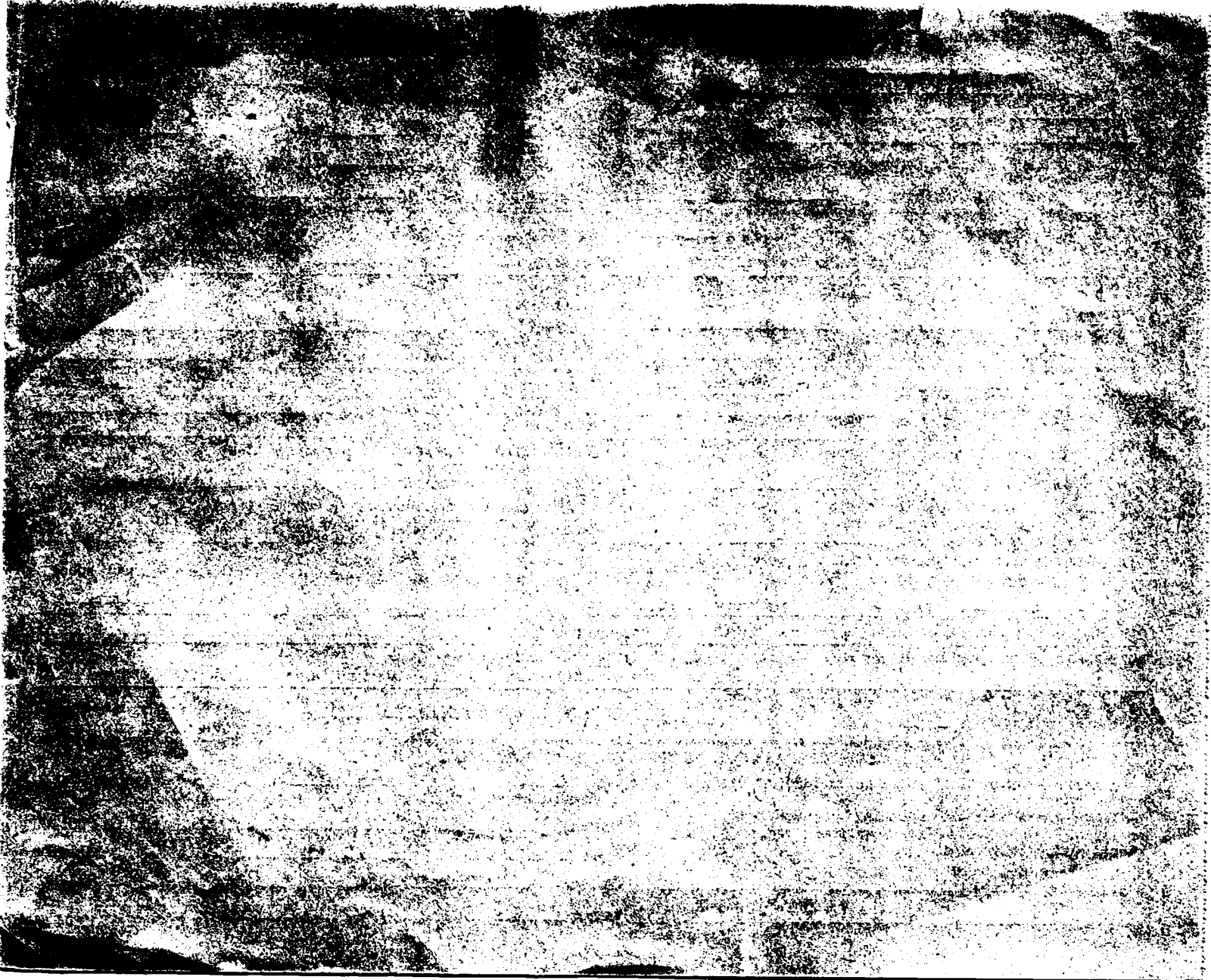
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
4 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 { months or weeks
30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) O. H. Cutler, M. D.
or Midwife
Address Preston, Idaho
Filed Dec 8, 1937 G. W. Stokes Registrar.
(Date of) Registrar.



MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
Franklin		DEPARTMENT OF PUBLIC WELFARE		106950	
County of		BUREAU OF VITAL STATISTICS		State File No.	
City of Preston		CERTIFICATE OF DEATH		Registration District No. 27	
RECEIVED		Primary Registration District No. 2119		Local Registrar's No. 40	
DEC 7 - 1937		(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME		Baby Higginson Higginson			
(a) Residence. No.		None			
(Usual place of abode)		St.			
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX		4. Color or Race		5. Single, Married, Widowed or Divorced (write the word)	
Male		white		single	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
Nov 17 1937					
7. AGE		Years		Months	
				Days	
				If LESS than 1 day, 0 hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (mo. and yr.)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)..... Preston Idaho					
(State or country)					
MOTHER/FATHER		13. NAME Joseph Wm Higginson			
		14. BIRTHPLACE (city or town).... Bancroft. Id.			
		(State or country)			
		15. MAIDEN NAME Badel Frisk			
		16. BIRTHPLACE (city or town)..... Grant ward			
		(State or country) Idaho			
		17. INFORMANT Joseph Wm Higginson			
		(Address) Idaho Falls Idaho			
		18. BURIAL, CREMATION OR REMOVAL			
		Place..... Preston Id. Date Nov 19 1937			
		19. UNDERTAKER M. W. Hendricks			
		(Address) Preston			
		20. FILED Dec 6, 1937 G. W. State Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 11-17 1937					
22. I HEREBY CERTIFY, That I attended deceased from 11-17-1937 to 11-17-1937.					
I last saw her alive on 11-17-1937. death is said to have occurred on the date stated above, at 2 P.M.					
The principal cause of death and related causes of importance were as follows:					
Prematurity, 11-17-37					
Placental abruption in mother 11-17-37					
Name of operation..... Date of.....					
What test confirmed diagnosis? P. Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury... 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so specify.....					
(Signed) M. W. Hendricks M. D.					
(Address) Preston Idaho					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

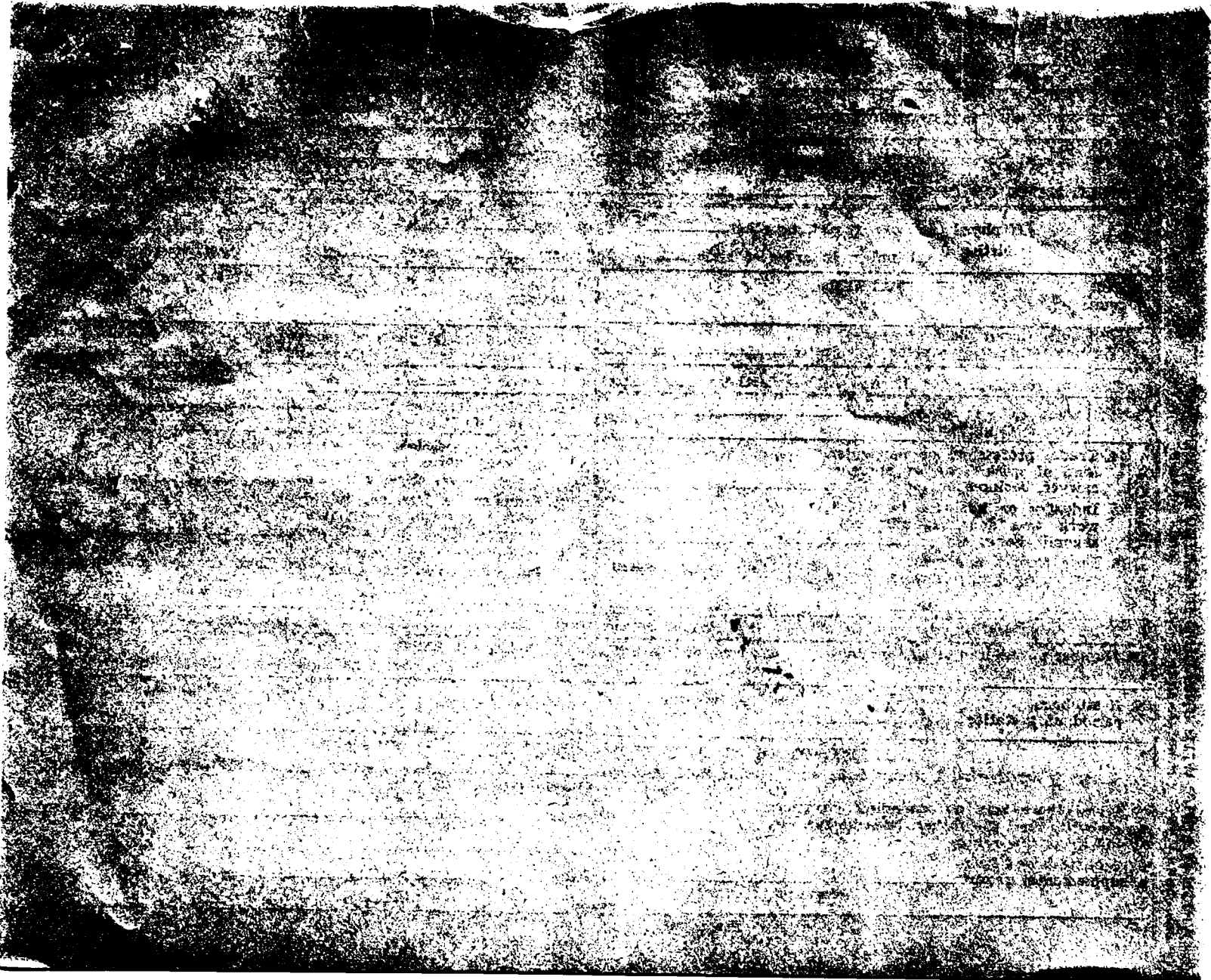
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Jerome</u> City of <u>Jerome</u> No. <u>1-5</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS FEB 13 1937 CERTIFICATE OF BIRTH		S 261290	
(If born in hospital or institution give name.)		Registration District No. <u>18</u>		State File No. _____	
2. FULL NAME OF CHILD		Prim. Registration District No. _____		Local Registrar's No. _____	
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>4</u>		6. Premature _____ 7. Legitimate? <u>yes</u>	
8. Date of birth <u>Nov 29 1937</u>				(Month, Day, Year)	
9. Full name FATHER <u>Frank Schenkel</u>		18. Full maiden name MOTHER <u>Esther O'Brien</u>			
10. Residence (usual place of abode) <u>Jerome, Idaho</u>		19. Residence (usual place of abode) <u>Jerome, Idaho</u>		(If non-resident give place and State)	
11. Color or race <u>White</u>		12. Age at last birthday <u>44</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) <u>Germany</u>		21. Age at last birthday <u>34</u> (years)		22. Birthplace (city or place) <u>Colorado</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		19. _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>20% silver nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>7 1/2 mos</u> { months or weeks } 30. Cause of Stillbirth <u>Embryonic death</u> { Before labor _____ During labor _____ }					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Give name added from a supplemental report _____ (Date of) _____					
Registraz.					
(Signed) <u>C. B. Zeller</u> , M. D.					
or _____ Midwife					
Address <u>Jerome, Idaho</u>					
Filed <u>11/29</u> , 1937 <u>C. B. Zeller</u> Registraz.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 106986Registration District No. 18

Primary Registration District No. _____

Local Registrar's No. _____

DEC 13 1937

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Schmel(a) Residence. No. Jerome, Ida St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X
6. DATE OF BIRTH (month, day, and year) premature 7 mo.
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. 7 mo.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jerome, Ida (State or country)13. NAME Frank F. Schmel14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Leitoldy, Kansas16. BIRTHPLACE (city or town) Colorado (State or country)17. INFORMANT Frank F. Schmel (Address) Jerome, Idaho18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 193..19. UNDERTAKER none (Address) _____20. FILED 11/29, 1937 C. D. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/29 193722. I HEREBY CERTIFY. That I attended deceased from 11/29, 193.., to 11/29, 193..I last saw deceased on _____, 193..; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born InfantEmbolic of Cord

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury, 193..

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____

(Signed) C. D. Zeller M. D.
(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
 County of Boalerai
 City of Crowd Alene
 No. _____ St. _____
 RECEIVED
 NOV 20 1937
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH **S** 261247
 Registration District No. 30 State File No. _____

(If born in hospital or institution) _____ Prim. Registration District No. 1050 Local Registrar's No. 278
 2. FULL NAME OF CHILD James Delaney Goodwin Shelburn

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Oct 12, 1937 (Month, Day, Year)

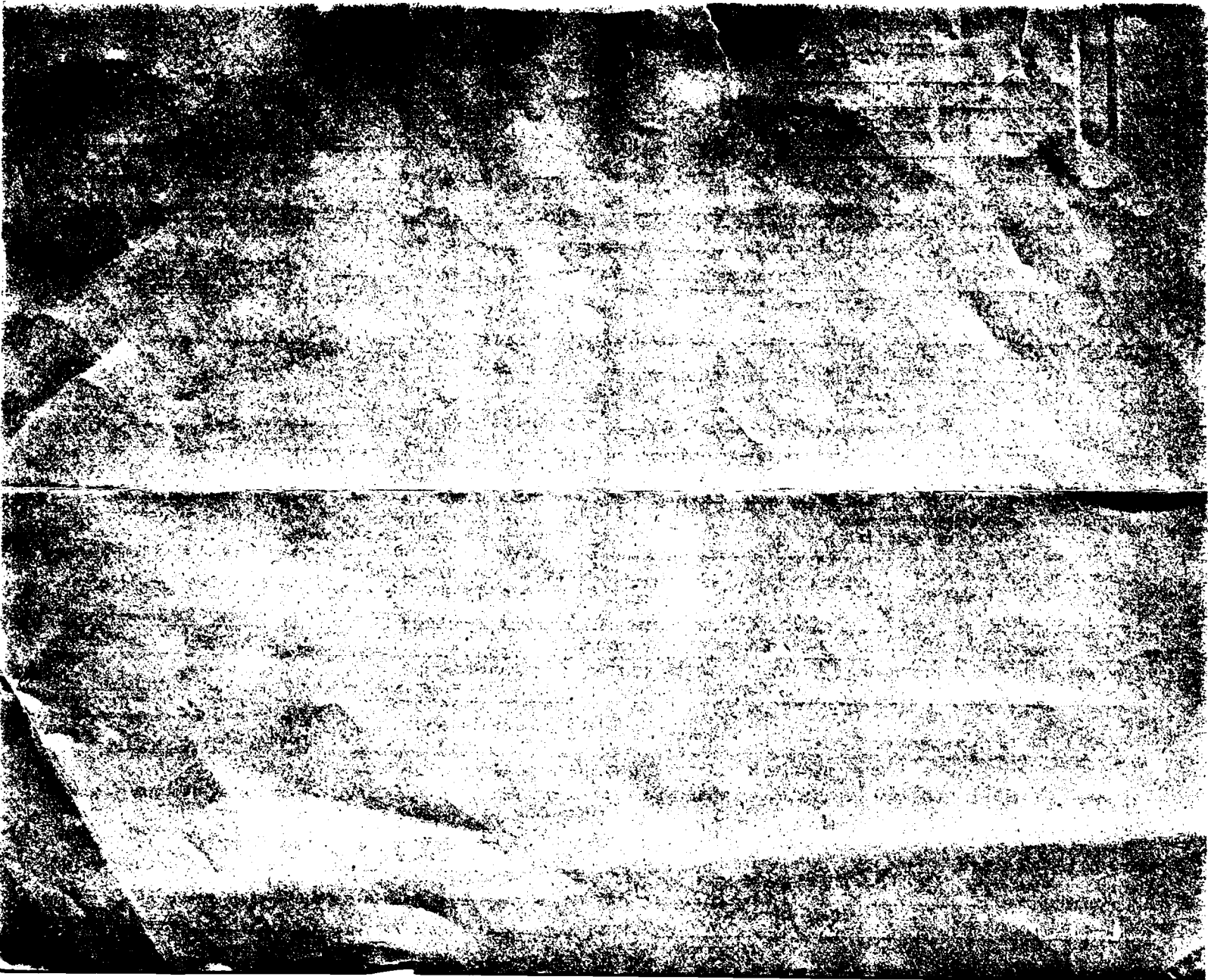
9. Full name FATHER Sylvester W Goodwin 18. Full maiden name MOTHER Helen E. Delaney
 10. Residence (usual place of abode) Ida 19. Residence (usual place of abode) Ida
 (If non-resident, give place and State) _____
 11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday 24 (years)
 13. Birthplace (city or place) Lincoln, Nebr. 22. Birthplace (city or place) Culver, Oregon
 (State or Country) _____ (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
 16. Date (month and year) last engaged in this work present, 1937 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work present, 1937 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor eclampsia During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Delaney at _____ m. on the date above stated.
 (Born Alive or Stillborn)
 (Signed) Harold J. Stuebs, M. D.
 or _____, Midwife
 Address Alene, Idaho
 Filed Nov-16, 1937 Dr. F. F. Hanning
 Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Council Bluffs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 30
Primary Registration District No. 1050 Local Registrar's No. 183

(No. Laboratory Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Arthur D. Goodwin
(a) Residence No. Rt. #1 C. B. A. St. _____
(Usual place of abode)
(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) 10/12/1937
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Council Bluffs
(State or country) _____

13. NAME Sylvester Goodwin

14. BIRTHPLACE (city or town) Nebraska
(State or country) _____

15. MAIDEN NAME Helen Delaney

16. BIRTHPLACE (city or town) Oregon
(State or country) _____

17. INFORMANT Sylvester Delaney
(Address) Council Bluffs

18. BURIAL, CREMATION OR REMOVAL
Place C. B. A. Date October 13, 1937

19. UNDERTAKER The Money Mortgage
(Address) Council Bluffs, Ida

20. FILED Oct 13, 1937 Ida
Registrar Ida

DO NOT WRITE IN THIS SPACE

State File No. 106584

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/12/1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Oct, 1937.

I last saw him alive on _____ 1937: death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Born dead due to
ectomorphic condition
of mother

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Charles H. Hays, M. D.
(Address) Council Bluffs

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

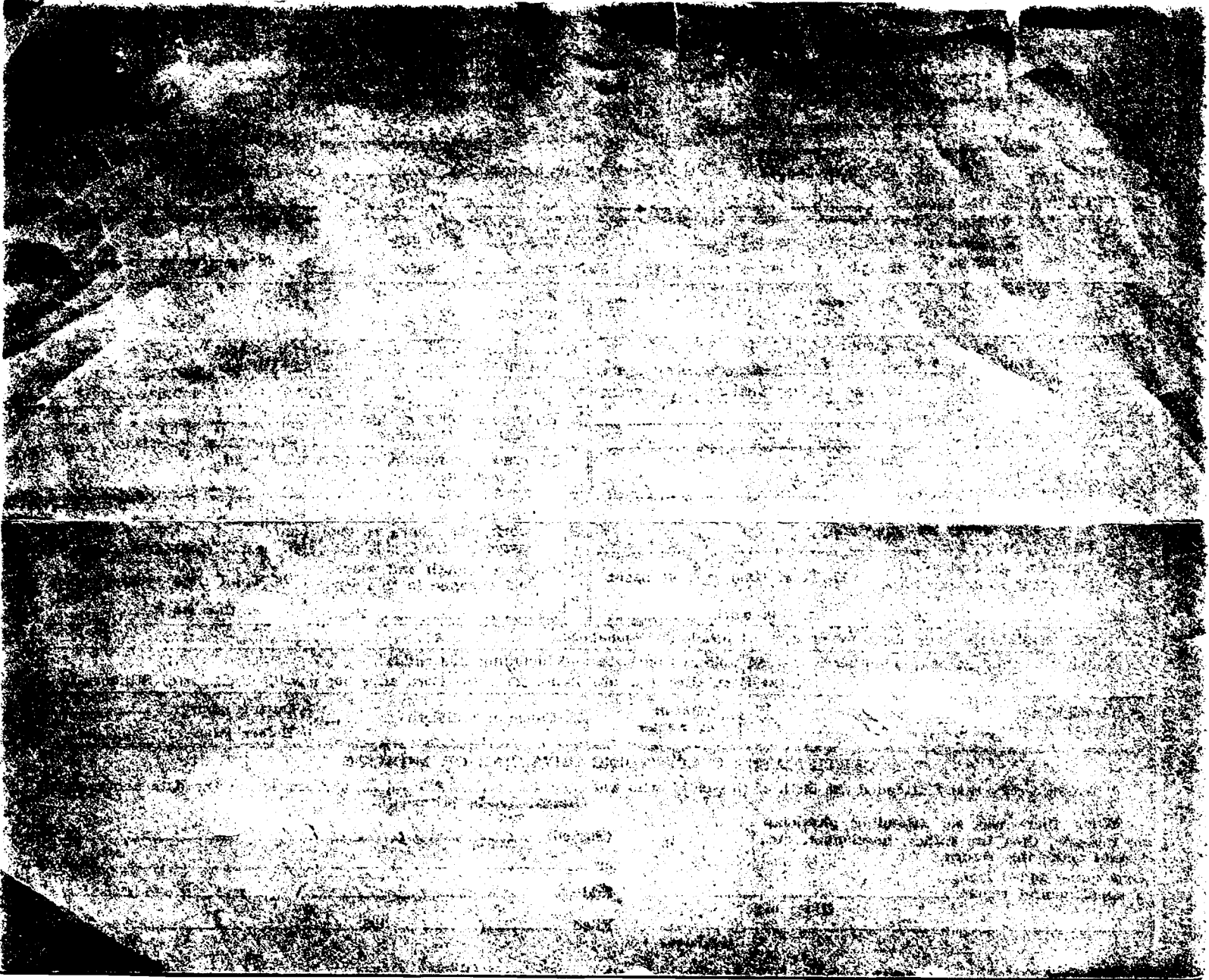
1. PLACE OF BIRTH County of <u>My Perce</u> City of <u>Lehiaton</u> No. <u>St. Joseph's</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 261376 Registration District No. <u>1009</u> State File No. <u>96</u> Prim. Registration District No. <u>96</u> Local Registrar's No. <u>Julvorn</u>	
2. FULL NAME OF CHILD <u>James Wilson</u>			
3. Sex <u>M.</u>	If plural births { 4. Twin, triplet, or other. <u>5 sing.</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Nov. 27, 1937</u> (Month, Day, Year)			
9. Full name <u>A. W. Wilson</u> FATHER		18. Full maiden name <u>Grace C. Mengee</u> MOTHER	
10. Residence (usual place of abode) <u>1012 - 10th St. Charleston W. Va.</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>1012 - 10th St. Charleston W. Va.</u> (If non-resident, give place and State)	
11. Color or race <u>W.</u>	12. Age at last birthday <u>51</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>44</u> (years)
13. Birthplace (city or place) <u>Illinois</u> (State or Country)		22. Birthplace (city or place) <u>Colorado</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Postmaster</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Postoffice</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>—</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>5</u> { months <u>or</u> weeks <u>or</u> weeks		30. Cause of Stillbirth <u>Asphyxia</u> { During labor <u>—</u> Before labor <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:00 m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) B. Hunsley M. D.
or _____ Midwife
Address Lehiaton, Idaho
Filed Dec 9, 1937 M. H. Carkey Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107064
State File No.

DEC 10 1937

Registration District No. 1009

Primary Registration District No. 96

(No. St Joseph Hospital)

Local Registrar's No. 967

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Wilson

(a) Residence No. 1012- 10th St

(Usual place of abode)

St. Lewiston, Ida.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Premature

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/27/37

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Premature

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston, Idaho
(State or country)

13. NAME W.A. Wilson

14. BIRTHPLACE (city or town) Charlston, Ill
(State or country)

15. MAIDEN NAME Grace C Mengee

16. BIRTHPLACE (city or town) Selido, Colo
(State or country)

17. INFORMANT W A Wilson
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston, Wash 11/29, 1937

19. UNDERTAKER H.R. Merchant
(Address) Clarkston, Wash.

20. FILED Dec 7 1937 M. H. Carter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/27/37

22 I HEREBY CERTIFY, That I attended deceased from 11/27, 1937, to 11/27, 1937

I last saw him alive on ____ 193____ death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Shoe horn.

Date of onset

Other contributory causes of importance:

Asphyxiation

Name of operation None Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 193____

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. B. Lockington M. D.

(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

Other CONTRIBUTORY CAUSES of importance:

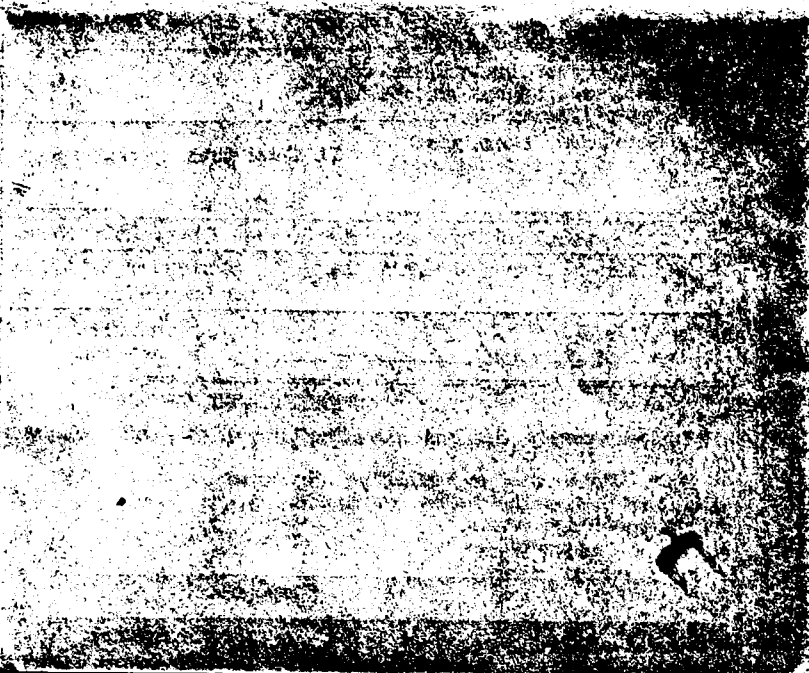
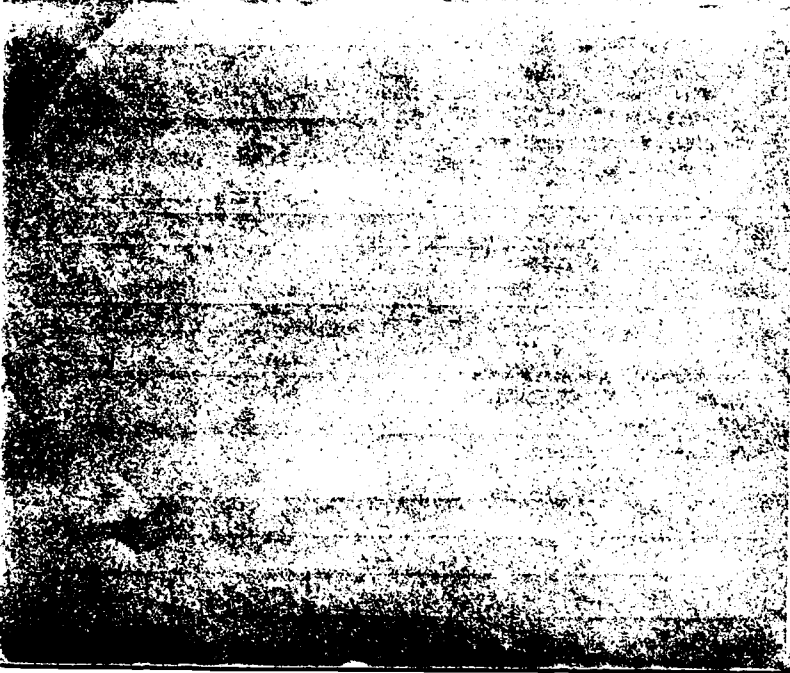
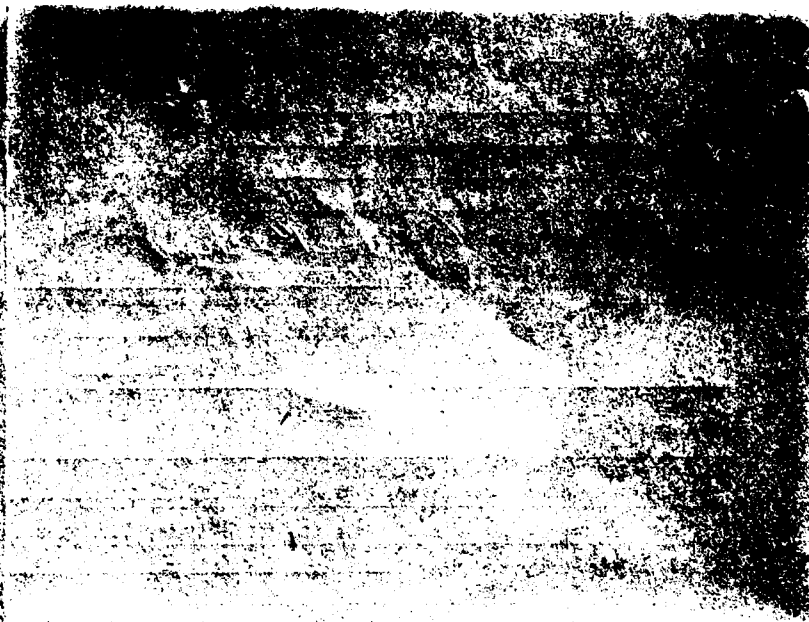
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		202441 S	
County of <u>Shoshone</u>		Registration District No. <u>70</u>		State File No. _____	
City of <u>Wallace</u>		Registration District No. <u>104</u>		Local Registrar's No. <u>96</u>	
No. <u>Canyon Ave</u> <u>Providence Hospital</u>		Registration District No. <u>104</u>		Local Registrar's No. <u>96</u>	
(If born in hospital or institution, give name)		Registration District No. <u>104</u>		Local Registrar's No. <u>96</u>	
2. FULL NAME OF CHILD <u>Baby Roy Edwards</u> <u>Stillborn</u>					
3. Sex <u>M</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
If plural births _____		6. Premature <u>Yes</u>		7. Legitimate? <u>Yes</u>	
8. Date of birth <u>Nov 13</u> <u>1937</u>		(Month, Day, Year)			
9. Full name FATHER <u>Clarence Oscar Edwards</u>			18. Full maiden name MOTHER <u>Viola Fletcher</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>46</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Ferris Iowa</u>			20. Color or race <u>W</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer for</u>			21. Age at last birthday <u>39</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Shoshone Co</u>			22. Birthplace (city or place) (State or Country) <u>Burnfield Ill</u>		
16. Date (month and year) last engaged in this work _____			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
17. Total time (years) spent in this work <u>3 yrs</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hwf</u>		
18. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
19. _____			26. Total time (years) spent in this work <u>22 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>8</u> (At time of this birth and including this child)					
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>Term</u> { months or weeks _____ } 30. Cause of Stillbirth <u>Transverse for</u> { During labor <u>X</u> Before labor _____ }					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10 P.</u> m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>James R Dean</u> M. D.					
or _____, Midwife					
Address <u>Wallace</u>					
Filed <u>Nov 29</u> <u>1937</u> <u>John Borch</u>					
Registrar. _____					



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107088Registration District No. 70Primary Registration District No. 101Local Registrar's No. 57(No. Providence Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

1. FULL NAME Charles Richard Edwards

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 13 1937

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida

13. NAME Clarence Edwards

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Wet Fletcher

16. BIRTHPLACE (city or town) Ida
(State or country)

17. INFORMANT Clarence Edwards
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Nov 15, 1937

19. UNDERTAKER Chas Bower (Ward)
(Address) Wallace Ida

20. FILED Nov 15, 1937 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Nov 13 1937

22 I HEREBY CERTIFY, That I attended deceased from

I last saw the deceased alive on _____, 193____.death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

the heart -prolonged cordtransverse position

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) James R. Dean, M. D.(Address) Wallace

20-1000 UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

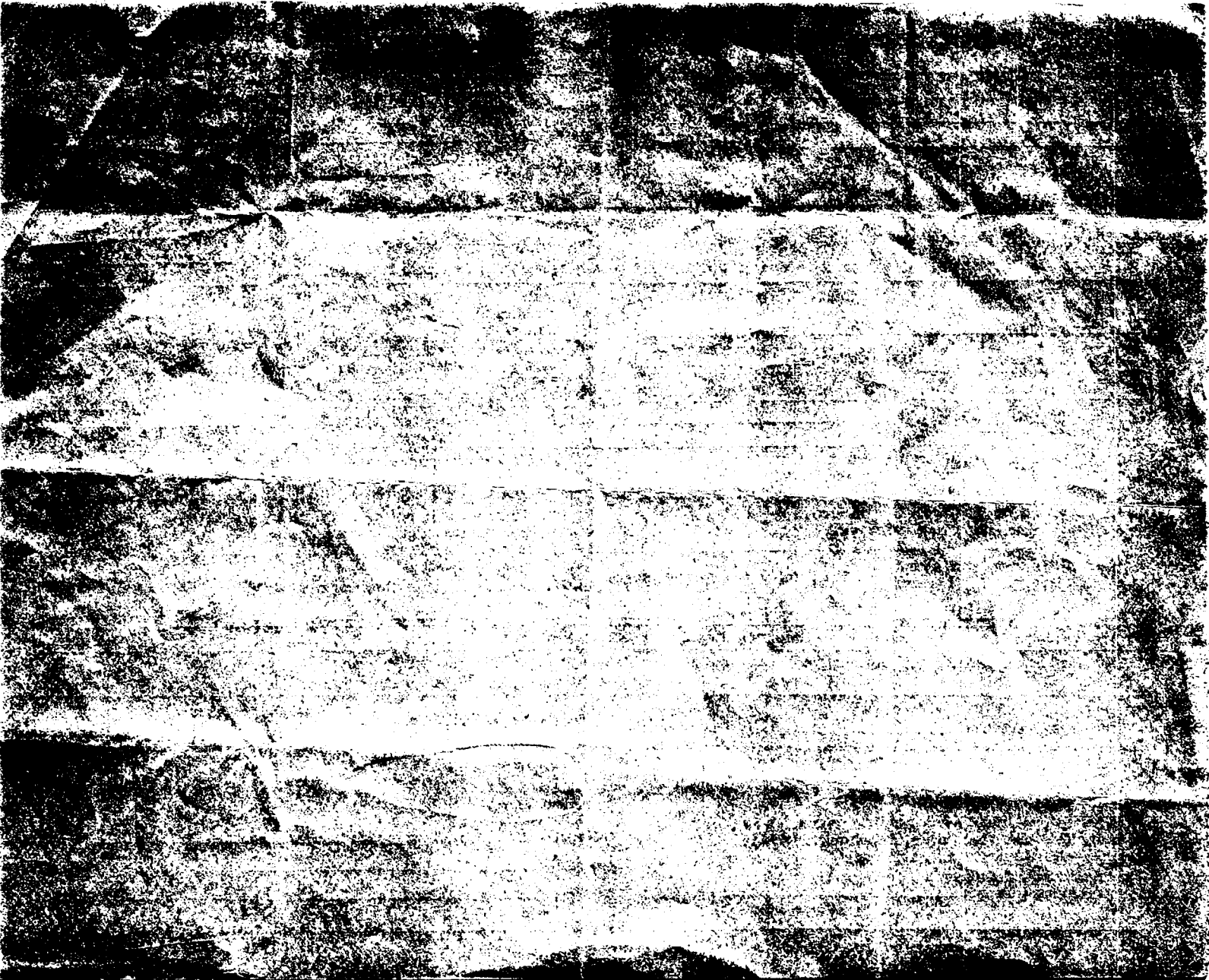
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of <u>Twin Falls, Ida.</u>		DEPARTMENT OF PUBLIC WELFARE		
City of <u>Twin Falls,</u>		BUREAU OF VITAL STATISTICS		261469
No. <u>752-2 Ave. East</u>		CERTIFICATE OF BIRTH		
<u>Wood's Private Sanitarium</u>		Registration District No. <u>37</u>	State File No. <u>261469</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2085</u>	Local Registrar's No. <u>637</u>	
2. FULL NAME OF CHILD <u>Baby, M^c Cowan - (Stillborn)</u>				
3. Sex <u>male</u>	4. Twin, triplet, or other <u>-</u>	5. Number, in order of birth <u>-</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Oct 20 1927</u>	(Month, Day, Year)			
9. Full name of FATHER <u>Alonso Cicero M^c Cowan</u>		18. Full maiden name of MOTHER <u>Alma May King</u>		
10. Residence (usual place of abode) <u>Hollister, Ida.</u>		19. Residence (usual place of abode) <u>Hollister, Ida.</u>		
(If non-resident, give place and State)		(If non-resident, give place and State)		
11. Color or race <u>W</u>		20. Color or race <u>W</u>		
12. Age at last birthday <u>23</u> (years)		21. Age at last birthday <u>23</u> (years)		
13. Birthplace (city or place) <u>Kans.</u>		22. Birthplace (city or place) <u>Hollister, Ida.</u>		
(State or Country)		(State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work		26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) <u>2</u>				
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation		30. Cause of Stillbirth		
{ months or weeks		{ During labor Before labor		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>2.4</u> m. on the date above stated.				
(Born Alive or Stillborn)				
(Signed) <u>A. A. Drake</u> , M. D.				
or <u>Midwife</u>				
Address <u>Twin Falls, Ida.</u>				
Filed <u>12-7</u> , 1927				
Registrar.				

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

(No. Wood's Private Sanatorium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lonzo McCowan

(a) Residence No. _____ St. Hollister Ida.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) 10/20/1937
7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

MOTHER

13. NAME L.C. McCowan

14. BIRTHPLACE (city or town) _____
(State or country) Kansas

15. MAIDEN NAME Alma King

16. BIRTHPLACE (city or town) Hollister
(State or country) Idaho

17. INFORMANT L.C. McCowan
(Address) Hollister, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date 10/21, 1937

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 10/27/37 1937 Phillips
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 106708

Local Registrar's No. 236

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/20/37

22. I HEREBY CERTIFY That I attended deceased from Oct 20 1937 to Oct 20, 1937

I last saw deceased 1937: death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 19 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S261473**

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. Sen. Del. St.

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.)

Birth Registration District No. 1085 Local Registrar's No. 1241

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? yes 8. Date of birth 11/6 1937
5. Number, in order of birth _____ Full term _____

9. Full name FATHER James Parkins
10. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State) _____
11. Color or race W 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Kansas
(State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. World War Veteran
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Loretta Hutchings
19. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State) _____
20. Color or race W 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Mo
(State or Country) _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 6 mo. { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. A. Drake, M. D.

or _____, Midwife

Address Twin Falls, Idaho

Filed 12-7, 1937 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37

Registration District No. _____

Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 107544Local Registrar's No. 309

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>11/6/37</u>		
7. AGE Years	Months	Days
<u>Stillborn</u>	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		

12. BIRTHPLACE (city or town) Twin Falls
(State or country)13. NAME James Larkins
14. BIRTHPLACE (city or town) Kansas
(State or country)15. MAIDEN NAME Loretta Hutchings
16. BIRTHPLACE (city or town) Mo.
(State or country)17. INFORMANT Parents
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Home Date Nov 193719. UNDERTAKER
(Address)20. FILED 12/20/37 1937 J. B. Humphrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

11-6-1937 to 11-6-1937I last saw h. Stillborn, 1937: death is saidto have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance

were as follows:

Stillborn4 months gestation

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the

following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? No If so specify _____(Signed) J. B. Humphrey, M. D.(Address) Twin Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 261485	
County of <u>Twin Falls</u>		DEC 19 1937		CERTIFICATE OF BIRTH	
City of <u>Twin Falls, Idaho</u>		Registration District No. <u>37</u>		State File No. <u>653</u>	
No. <u>Route #3</u> St.		Prim. Registration District No. <u>2985</u>		Local Registrar's No. <u>653</u>	
County General Hospital		Stillborn			
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Jackie Leroy Mink</u>					
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <input checked="" type="checkbox"/> 5. Number, in order of birth <u>✓</u>	6. Premature <input checked="" type="checkbox"/> Full term <u>yes</u>	7. Legiti- <u>mate? yes</u>	8. Date of birth <u>10/17</u> , 19 <u>37</u> (Month, Day, Year)	
9. Full name <u>Chester Long Mink</u> FATHER			18. Full maiden name <u>Dorothy Ruth Wilks</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding, Idaho</u>		
11. Color or race <u>W</u> 12. Age at last birthday <u>33</u> (years)			20. Color or race <u>W</u> 21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Fairfield, Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Twin Falls, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as <u>spinner</u> , sawyer, bookkeeper, etc. <u>Agent, Gooding, Idaho</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Present</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>37</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>37</u>	
17. Total time (years) spent in this work <u>3 years</u>			26. Total time (years) spent in this work <u>5 Years</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>					
29. If stillborn, period of gestation <u>✓</u> { months or weeks		30. Cause of Stillbirth <u>✓</u> { During labor <u>✓</u> Before labor <u>✓</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 on the date above stated.
(Born Alive or Stillborn) PM

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

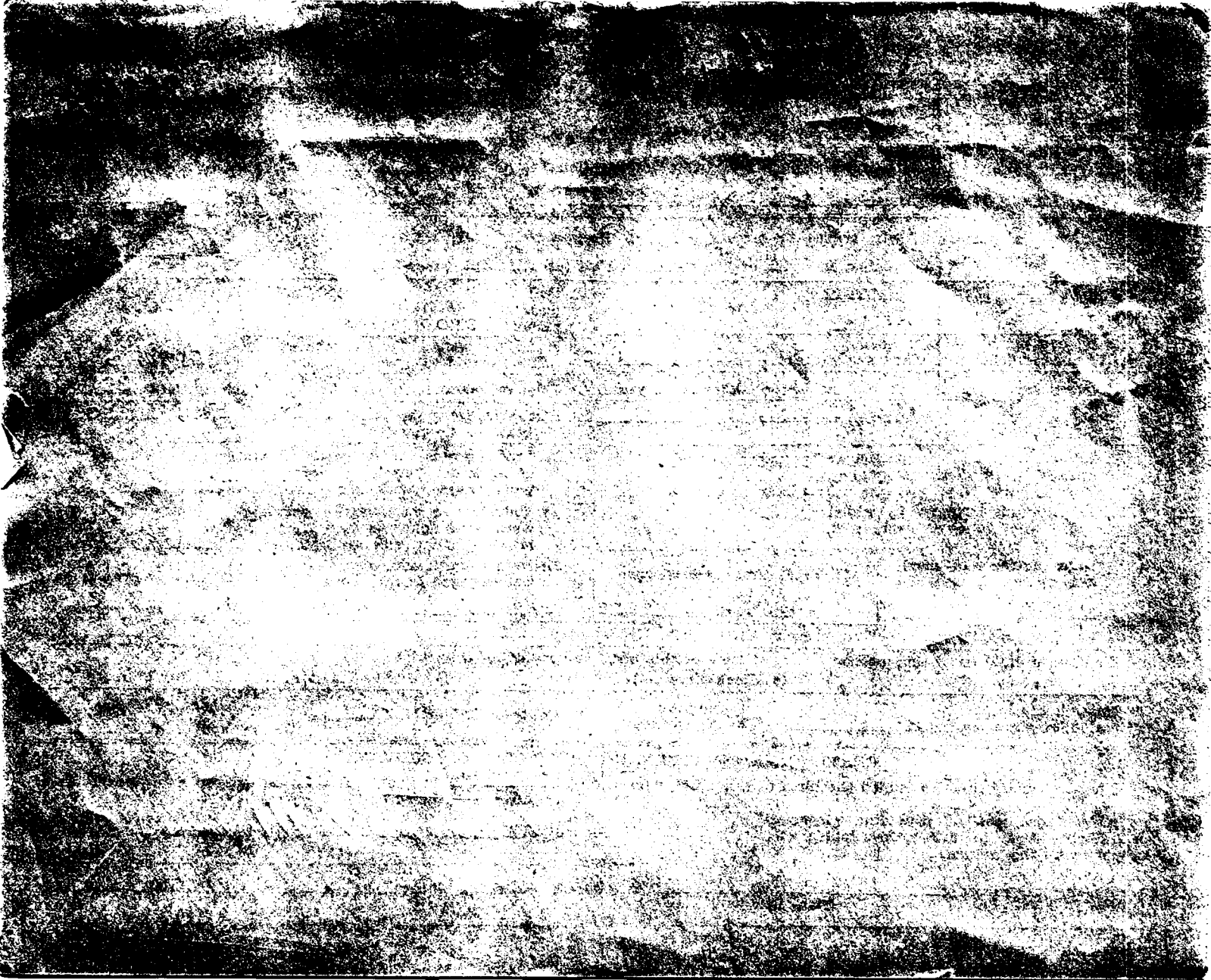
Registrar.

(Signed) Sumner R. Alexander, M. D.

or _____ Midwife

Address Twin Falls, Ida.

Filed 12-8, 1937 J. R. [Signature] Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE
State File No. **106702**

Registration District No. _____

Primary Registration District No. 2085Local Registrar's No. 230

(Newin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jackie LeRoy Mink

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/17/1937

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME Chester Mink

14. BIRTHPLACE (city or town) Battle Creek
(State or country) Nebraska

15. MAIDEN NAME Dorothy Wilks

16. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

17. INFORMANT Chester Mink
(Address) Gooding, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place in Falls Ida Date 10/19, 193 7

19. UNDERTAKER S. C. Phillips
(Address) Twin Falls Idaho

20. FILED Oct 21, 193 7 J. P. Mink
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/17/1937

22 I HEREBY CERTIFY, That I attended deceased from 10/17, 1937, to 10/17, 1937.

I last saw him alive on 10/17, 1937; death is said to have occurred on the date stated above, 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Respiratory failure
(Born by Caesarian
section.)

Other contributory causes of importance:
Inability to breathe

Date of onset
10/17/37
10/17/37

10/17/37

Name of operation None Date of _____
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury _____, 1937.

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury None.

Nature of injury None.

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) Duncan & Alexander
(Address) Twin Falls Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Lewis & Clark</u> City of <u>Lewis & Clark</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 261492	
No. <u>County General Hospital</u>		Registration District No. <u>37</u> State File No. <u>660</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>660</u>	
2. FULL NAME OF CHILD <u>Andrew - Alice</u> <u>Kester (Stillborn)</u>			
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>11-6, 1937</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Albert Laverne Kester</u>		18. Full maiden name <u>MOTHER</u> <u>Helma Bertrude Letner</u>	
10. Residence (usual place of abode) <u>RR 1, Filer, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>RR 1, Filer, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>29</u> (years)		21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) <u>Holstein</u> (State or Country) <u>Nebraska</u>		22. Birthplace (city or place) <u>Bladen</u> (State or Country) <u>Nebraska</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>works out</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>works out</u>		25. Date (month and year) last engaged in this work <u>present, 1937</u>	
16. Date (month and year) last engaged in this work <u>present, 1937</u>		26. Total time (years) spent in this work <u>9 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>5</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____ { During labor _____ { Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 m. on the date above stated.
(Born Alive or Stillborn)

(Signed) James W. Creed, M. D.

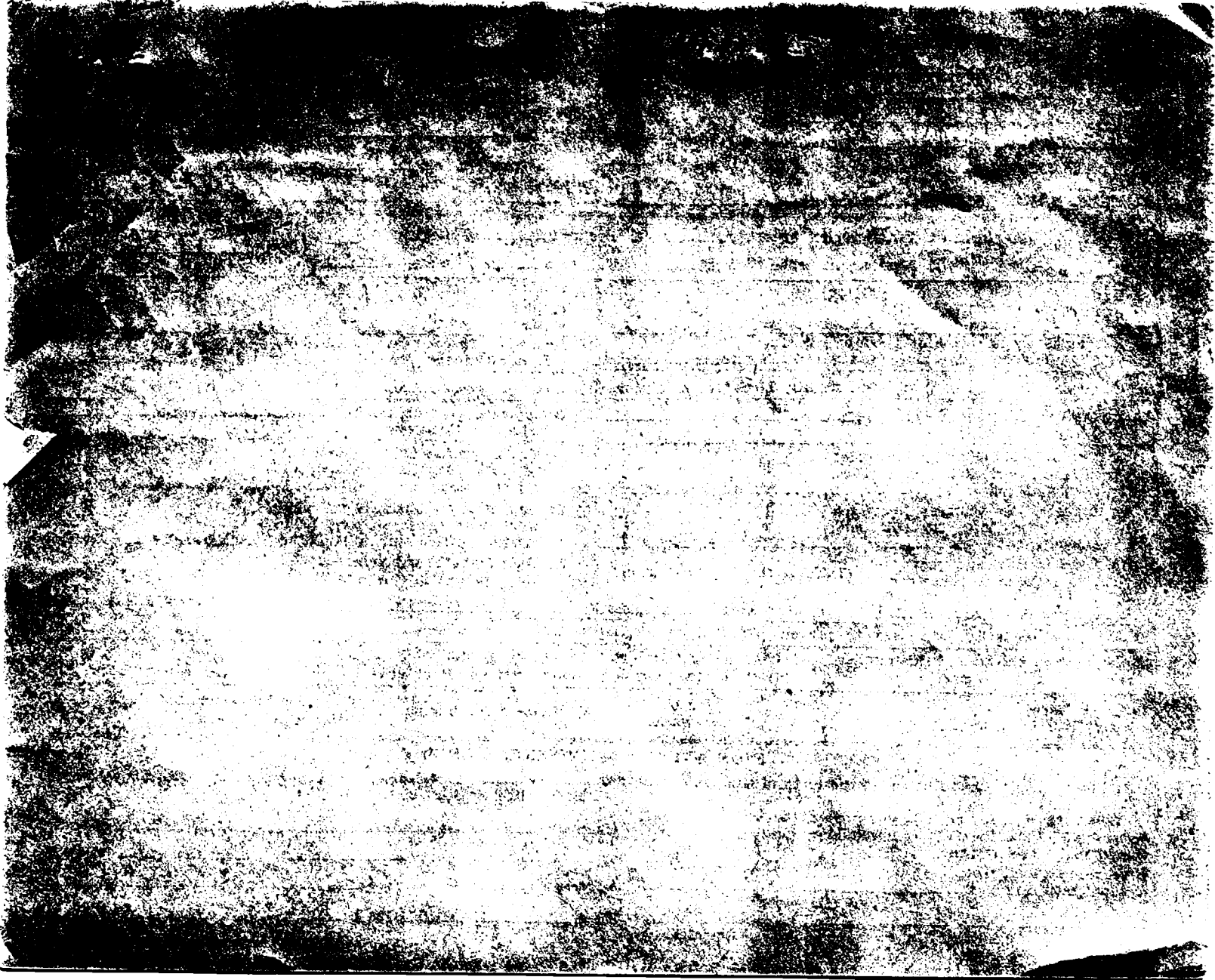
or _____, Midwife

Address Filer, Idaho

Filed 12-8, 1937

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 107109Local Registrar's No. 255

(No. _____)

DEC 13 1937

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Audrey Alice Kistler(a) Residence No. Filer

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

1937

6. DATE OF BIRTH (month, day, and year) Nov. 6

7. AGE Years 0 Months 00 Days 0 If LESS than 1 day ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country)Idaho13. NAME Albert Kistler14. BIRTHPLACE (city or town) Neb
(State or country)15. MAIDEN NAME Delma Lettner16. BIRTHPLACE (city or town) Neb
(State or country)17. INFORMANT Anna Albert Kistler
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Filer Date Nov 9, 193719. UNDERTAKER Fred Drake
(Address)20. FILED 11-9, 1937 Twin Falls

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-8-1937

22. I HEREBY CERTIFY that I attended deceased from _____ 193____, to _____, 193____.

I last saw _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: resulting from Stillborn

Date of onset _____

Placenta previa
complicating
delivery of mother

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) James W. Creech, M. D.(Address) Box 102, Filer, Idaho

APR 19 1976

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				S 261512	
County of <u>Valley</u> City of <u>McCall</u> No. <u>McCall</u> St. _____		Registration District No. <u>15</u>		State File No. _____			
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. <u>24</u>			
2. FULL NAME OF CHILD <u>Stillborn</u>							
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>X</u>		7. Legitimate? <u>yes</u>	
						8. Date of birth <u>Nov. 6, 1937</u> (Month, Day, Year)	
9. Full name <u>FATHER</u> <u>Carl Albert Harp</u>				18. Full maiden name <u>MOTHER</u> <u>Nellie Catherine Strickland</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>McCall</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>McCall</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>38</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>71</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Johnston, Mo</u>				22. Birthplace (city or place) (State or Country) <u>McKinney, Texas</u>			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>C.C.C.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work <u>Nov 5, 1937</u>		17. Total time (years) spent in this work <u>15</u>		25. Date (month and year) last engaged in this work <u>11/5/37, 19</u>		26. Total time (years) spent in this work <u>20</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>8</u> (c) Stillborn <u>2</u>							
29. If stillborn, period of gestation _____ { months or weeks _____							
30. Cause of stillbirth <u>Strangulation by doctor's neck</u> Before labor <u>Surgeon's labor</u>							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Dorothy E. Ward, M. D.

or _____, Midwife

Address Cascade, Idaho

Filed Nov 30, 1937 Myrtle M. Gardner

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

816102

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

107132
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Valley State IDAHO Registered No. 13
Township Lake or Village McCall or
City McCall No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Stillborn
(a) Residence: No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 6, 1937

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McCall
(State or country) Idaho

13. NAME Carl Albert Sharp

14. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

15. MAIDEN NAME Nellie Kathryn Strickland

16. BIRTHPLACE (city or town) McCall
(State or country) Idaho

17. INFORMANT Carl Albert Sharp
(Address) McCall

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date _____ 19____

19. UNDERTAKER
(Address) Myrtle M. Gardner

20. FILED Nov 6 1937 Myrtle M. Gardner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Stillbirth due to umbilical cord being wrapped tightly around neck

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Rose G. B. B. B. M.D.

(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Wash

City of Winn

No. Little Flower Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex

male

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate? yes

8. Date of
birth

(Month, Day, Year)

9. Full
name

FATHER

10. Residence (usual place of abode)

(If non-resident, give place and State)

11. Color or race

12. Age at last birthday

13. Birthplace (city or place)

(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year)
last engaged in this work

17. Total time (years) spent

all life; 19

in this work

18. Full
maiden
name

MOTHER

19. Residence (usual place of abode)

(If non-resident, give place and State)

20. Color or race

21. Age at last birthday

22. Birthplace (city or place)

(State or Country)

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

25. Date (month and year)
last engaged in this work

26. Total time (years) spent

11-8-1927

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn,

period of gestation

9 months

months

or weeks

30. Cause of Stillbirth

Placenta previa

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Winn m. on the date above stated.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report

(Date of)

Registrar.

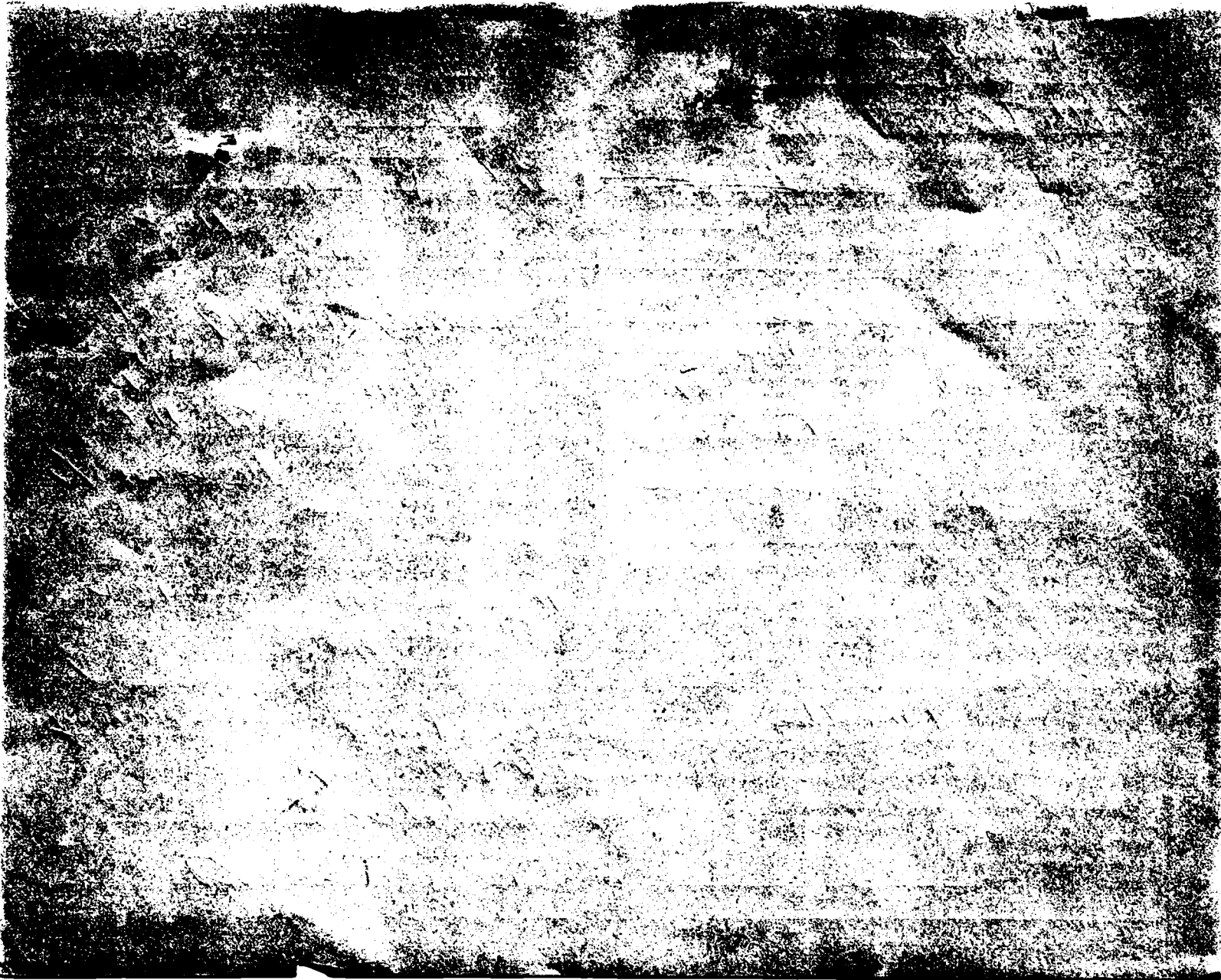
or

Address

Filed

1937

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington
City of Wenatchee

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86Primary Registration District No. 1212

DO NOT WRITE IN THIS SPACE

State File No. 107134Local Registrar's No. 18

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barn Bolus(a) Residence No. Wenatchee R R 2 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Male

4. Color or Race

White5. Single, Married, Widowed or Divorced (write the word) R

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-8-57

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Still Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Lewis C Bolus

14. BIRTHPLACE (city or town) (State or country)

Wenatchee

15. MAIDEN NAME

Annie McLaughlin

16. BIRTHPLACE (city or town) (State or country)

Idaho

17. INFORMANT (Address)

Mother

18. BURIAL, CREMATION OR REMOVAL

Place Wenatchee Date 11-9-1937

19. UNDERTAKER (Address)

L. S. Nothman
Wenatchee Idaho

20. FILED

Nov 8, 1937 Mary Hawthorn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-8-193722 I HEREBY CERTIFY, That I attended deceased from 11-8-, 1937, to 11-8-, 1937.I last saw h alive on _____ 1937: death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

still Born

Date of onset

Other contributory causes of importance:

Plethora of blood
by motherName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) T. Schmitt, M. D.
(Address) Wenatchee Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

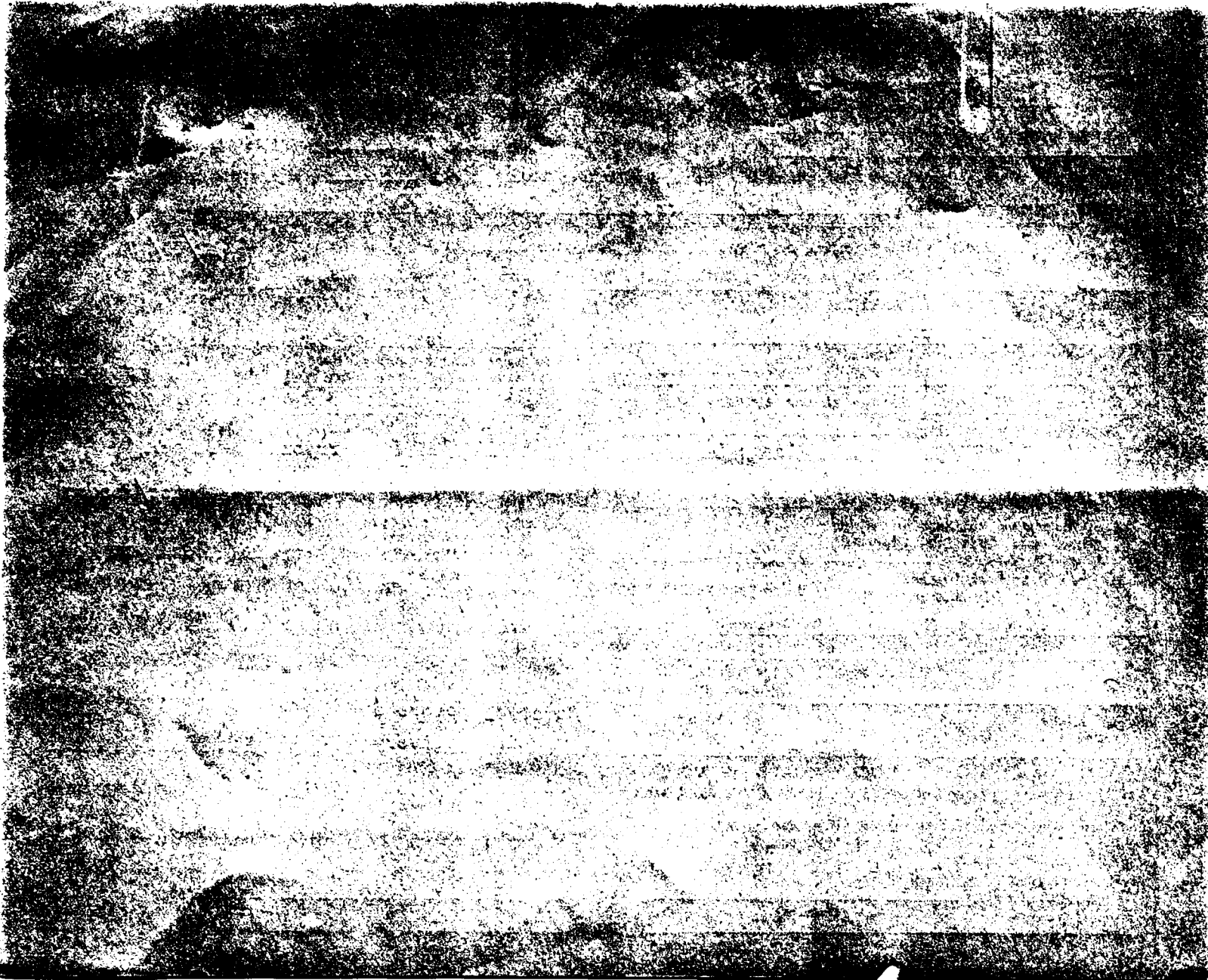
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 261651	
County of <u>Adams</u>		CERTIFICATE OF BIRTH			
City of <u>Homestead Oregon</u>		Registration District No. <u>71</u>		State File No. _____	
No. <u>(Post Office)</u>		St. <u>JAN 7 - 1938</u>			
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. <u>421</u>	
2. FULL NAME OF CHILD. <u>Baby Durrett - Stillborn</u>					
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____		5. Number, in order of birth _____	
6. Premature _____		7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>12/19/37</u> , 19 <u>38</u> (Month, Day, Year)	
9. Full name <u>Paul Budrett</u>		18. Full maiden name <u>Jesse Porter</u>		19. Residence (usual place of abode) <u>Adams County</u> (If non-resident, give place and State)	
10. Residence (usual place of abode) <u>Adams County</u> (If non-resident, give place and State)		20. Color or race <u>white</u>		21. Age at last birthday <u>20</u> (years)	
11. Color or race <u>white</u>		22. Birthplace (city or place) <u>Trigon Oklahoma</u> (State or Country)		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House/Keeper</u>	
12. Age at last birthday <u>23</u> (years)		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own/Home</u>		25. Date (month and year) last engaged in this work <u>12/19/37</u> , 19 <u>38</u>	
13. Birthplace (city or place) <u>Bates Missouri</u> (State or Country)		26. Total time (years) spent in this work <u>1</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		28. Number of children of this mother (At time of this birth and including this child) <u>0</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation _____ months or weeks	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Copper & Gold Mine</u>		30. Cause of Stillbirth <u>Cerebral Hemorage</u> <u>Rapid Delivery</u>		Before labor _____ During labor _____	
16. Date (month and year) last engaged in this work <u>12/19/37</u> , 19 <u>38</u>		31. Date (month and year) last engaged in this work _____		32. Total time (years) spent in this work _____	
17. Total time (years) spent in this work <u>2</u>		33. Date (month and year) last engaged in this work _____		34. Total time (years) spent in this work _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Still Born</u> at <u>10:00</u> P.M. on the date above stated.					
(Signed) <u>Alvin S. Thurston</u> , M. D.					
or _____, Midwife					
Address _____					
Filed <u>JAN 6 1938</u> , 19 <u>38</u> <u>DR. ALVIN S. THURSTON</u> COUNCIL, IDAHO Registrar.					



MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

107200

County of Adams

City of Home Stead, Oregon

Post Office

Registration District No. 71

State File No.

Primary Registration District No.

Local Registrar's No. 178

JAN 7 - 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Durrett

(a) Residence. No. _____

(Usual place of abode)

St. _____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 12/19/37

7. AGE Years Still born Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Home Stead Oregon
(State or country) Post Office

13. NAME Paul Durrett

14. BIRTHPLACE (city or town) Bates County Missouri
(State or country)

15. MAIDEN NAME Jessie Porter

16. BIRTHPLACE (city or town) Tyron Oklahoma
(State or country)

17. INFORMANT (Address) Family

18. BURIAL, CREMATION OR REMOVAL Place Home Farm Date 12/20/37

19. UNDERTAKER (Address) Family

20. FILED JAN 6 1938 DR. ALVIN S. THURSTON
COUNCIL, IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/19/37

22. I HEREBY CERTIFY, That I attended deceased from _____, 193...., to _____, 193....
I last saw him dead on 12/19/1937. death is said to have occurred on the date stated above, at 10:00 Pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage at Birth

Other contributory causes of importance:

Rapid delivery

Name of operation Clonical Date of _____
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Q Date of injury, 193....
Where did injury occur? Q (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Q

Nature of injury Q

24. Was disease or injury in any way related to occupation of deceased Q

(Signed) Alvin S. Thurston M. D.
(Address) Council, Idaho

JAN 6 1938

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset:

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset:

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Banneck
City of Pocatello
No. _____ St. St. Anthony's Mercy Hosp
(If born in hospital or institution give name.)
Registration District No. 28 State File No. 261711
Prim. Registration District No. 2161 Local Registrar's No. 2458

2. FULL NAME OF CHILD Imma Jean Pollard Shu bon

3. Sex Female If plural births { 4. Twin, triplet, or other TWIN 5. Number, in order of birth 2 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec. 28, 1937
(Month, Day, Year)

9. Full name FATHER Eugene Clifford Pollard 10. Residence (usual place of abode) 104 W. Fremont
(If non-resident, give place and State) 11. Color or race W 12. Age at last birthday 23 (years)
13. Birthplace (city or place) Troy, Kansas (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Lighter 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.R. - R.R. 16. Date (month and year) last engaged in this work present, 19 37 17. Total time (years) spent in this work 14 1/2

18. Full maiden name MOTHER Birdeon Mathews 19. Residence (usual place of abode) 104 W. Fremont
(If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Pocatello Idaho (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home 25. Date (month and year) last engaged in this work present, 19 37 26. Total time (years) spent in this work 14 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silver 20%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 35 1/2 week { months or weeks 30. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 p.m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) F. S. Miller, M. D.

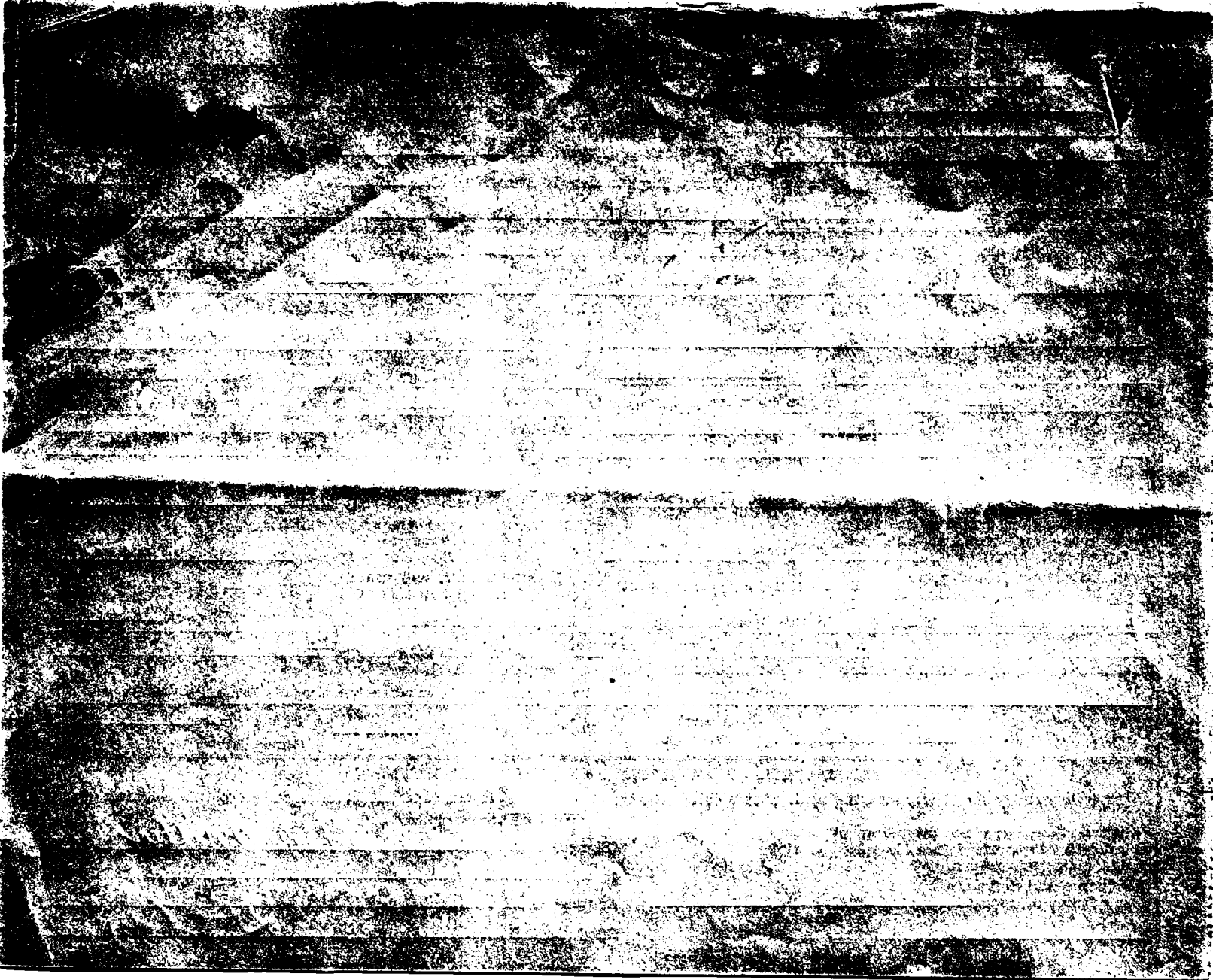
or _____, Midwife

Address 310 East Center St. Pocatello

Filed Jan 10, 1938 D. C. Ray

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107213

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 1147

(No. St. Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Pollard

(a) Residence. No. 1004 West Fremont

St. Pocatello, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>December 28, 1937</u>		
7. AGE Years	Months	Days
<u>Stillborn</u>		If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

13. NAME Eugene C. Pollard

14. BIRTHPLACE (city or town) Froy
(State or country) Kansas

15. MAIDEN NAME Virdeon Matthews

16. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

17. INFORMANT Eugene C. Pollard
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Dec. 29, 1937

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Dec. 29, 1937 O'Cray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1937, to 12-28, 1937

I last saw him alive on 1937; death is said

to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Premature - 36 wks

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) F. S. Miller M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

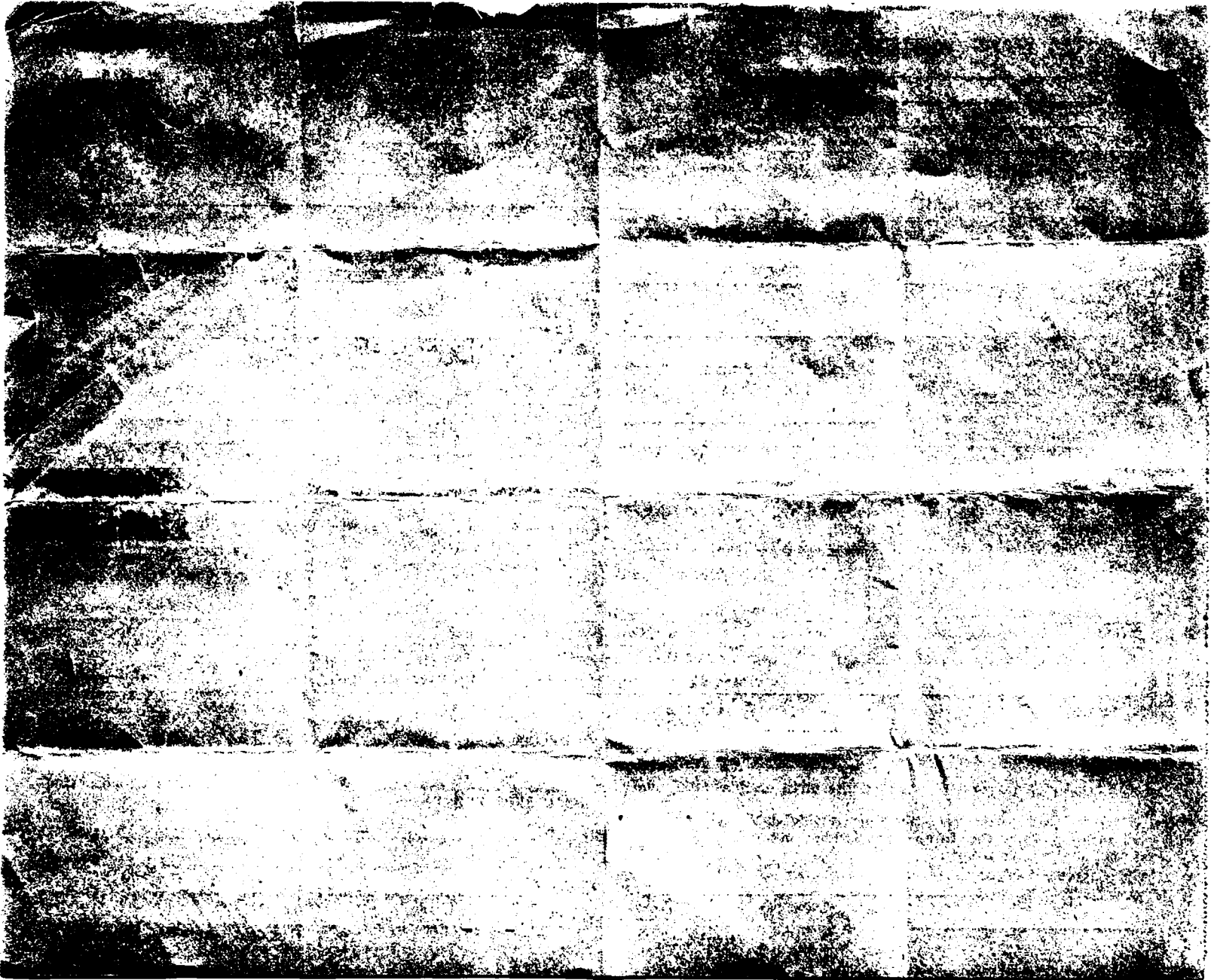
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bear Lake</u> City of <u>Montpelier</u> No. <u>Montpelier</u> St. <u>Idaho</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 261743 Registration District No. <u>52</u> State File No. _____ Prim. Registration District No. <u>2136</u> Local Registrar's No. _____ <u>Willbom</u>	
2. FULL NAME OF CHILD _____			
3. Sex <u>7</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>May 24</u> 193 <u>7</u> (Month, Day, Year)			
9. Full name <u>Askel Salverson</u>	FATHER	18. Full maiden name <u>Wilda Petersen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) <u>Sham, N. H.</u> (State or Country)		22. Birthplace (city or place) <u>Quil, Ida</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H' wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Biological Survey</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Present</u>		17. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____		30. Cause of stillbirth <u>Not known</u> Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>3:23</u> m. on the date above stated. (Born Alive or Stillborn) (Signed) <u>W. B. F. Ashley</u> M. D. or _____ Midwife Address <u>Montpelier, Idaho</u> Filed <u>12-31-37</u> , 193 <u>7</u> <u>W. B. F. Ashley</u> Registrar			



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Beauregard
City of Montpelier
No. 2201 St. Montpelier
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Holmes
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 10-14 1937 (Month, Day, Year)
5. Number, in order of birth _____ Full term Yes
9. Full name FATHER J. M. Holmes 18. Full maiden name MOTHER Green Stephens
10. Residence (usual place of abode) (If non-resident, give place and State) Sacramento, Calif. 19. Residence (usual place of abode) (If non-resident, give place and State) Sacramento, Calif.
11. Color or race White 12. Age at last birthday 35 years 20. Color or race W 21. Age at last birthday 33 years
13. Birthplace (city or place) (State or Country) Cardston, Alberta 22. Birthplace (city or place) (State or Country) Montpelier
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 9 months or weeks { 30. Cause of Stillbirth Uterine (During labor or Before labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. P. Galster, M. D.
Physician
or Montpelier, Idaho, Midwife
Address _____

Filed 12-31-37, 1937

Registrar.

CERTIFICATE OF BIRTH
DEPARTMENT OF HEALTH
STATE OF NEW YORK

1. Name of child: _____
 2. Sex: _____
 3. Date of birth: _____
 4. Place of birth: _____
 5. Name of mother: _____
 6. Name of father: _____
 7. Name of physician: _____
 8. Name of nurse: _____
 9. Name of midwife: _____
 10. Name of other attendant: _____

11. I hereby certify that the above is a true and correct statement of the facts as to the birth of the child named above.
 12. I am a duly qualified physician, nurse, midwife, or other attendant.
 13. I am a duly qualified health officer.
 14. I am a duly qualified registrar.
 15. I am a duly qualified clerk.
 16. I am a duly qualified stenographer.
 17. I am a duly qualified typewriter.
 18. I am a duly qualified compositor.
 19. I am a duly qualified printer.
 20. I am a duly qualified binder.

21. I am a duly qualified _____
 22. I am a duly qualified _____
 23. I am a duly qualified _____
 24. I am a duly qualified _____
 25. I am a duly qualified _____
 26. I am a duly qualified _____
 27. I am a duly qualified _____
 28. I am a duly qualified _____
 29. I am a duly qualified _____
 30. I am a duly qualified _____

31. I am a duly qualified _____
 32. I am a duly qualified _____
 33. I am a duly qualified _____
 34. I am a duly qualified _____
 35. I am a duly qualified _____
 36. I am a duly qualified _____
 37. I am a duly qualified _____
 38. I am a duly qualified _____
 39. I am a duly qualified _____
 40. I am a duly qualified _____

41. I am a duly qualified _____
 42. I am a duly qualified _____
 43. I am a duly qualified _____
 44. I am a duly qualified _____
 45. I am a duly qualified _____
 46. I am a duly qualified _____
 47. I am a duly qualified _____
 48. I am a duly qualified _____
 49. I am a duly qualified _____
 50. I am a duly qualified _____

51. I am a duly qualified _____
 52. I am a duly qualified _____
 53. I am a duly qualified _____
 54. I am a duly qualified _____
 55. I am a duly qualified _____
 56. I am a duly qualified _____
 57. I am a duly qualified _____
 58. I am a duly qualified _____
 59. I am a duly qualified _____
 60. I am a duly qualified _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bear Lake
City of Montpelier

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

52

Registration District No. 2136

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the fact) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 14-1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

13. NAME Joseph Mark Holmes

14. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

15. MAIDEN NAME Gwen Stephens

16. BIRTHPLACE (city or town) Montpelier
(State or country) Idaho

17. INFORMANT Geo H. Stephens
(Address) Montpelier Idaho

18. BURIAL CREMATION OR REMOVAL
Place Montpelier Idaho Date Oct 18, 1937

19. UNDERTAKER W. Williams
(Address) Montpelier Idaho

20. FILED Oct 16, 1937

DO NOT WRITE IN THIS SPACE

State File No. 107217

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 14 1937

22. I HEREBY CERTIFY that I attended deceased from _____ 1937, to _____ 1937.

I last saw Stillborn alive on _____ 1937; death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
Oct 14-37

Other Maternal causes of importance:

Uraemic toxemia
convulsions

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. P. Garrison, M. D.(Address) Montpelier

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 261795**

JAN 10 1938

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot, Ida
No. _____ St. _____

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 39-2

2. FULL NAME OF CHILD No name murdock Stillborn

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. <u>—</u> 5. Number, in order of birth <u>—</u>	6. Premature <u>Yes</u> <u>and 5th mo</u> Full term <u>No</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Dec 21, 1927</u> (Month, Day, Year)
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9. Full name <u>Leo Delbert Murdock</u>	FATHER	18. Full maiden name <u>Francis R. Dance</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Ida</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>6</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>4</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Marion, Utah</u>	22. Birthplace (city or place) (State or Country) <u>Wilson, Utah</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>General</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>General</u>

16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>—</u>	17. Total time (years) spent in this work <u>Always</u>	25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>—</u>	26. Total time (years) spent in this work <u>24 yrs</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? None (Stillborn)

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 4 (c) Stillborn 3

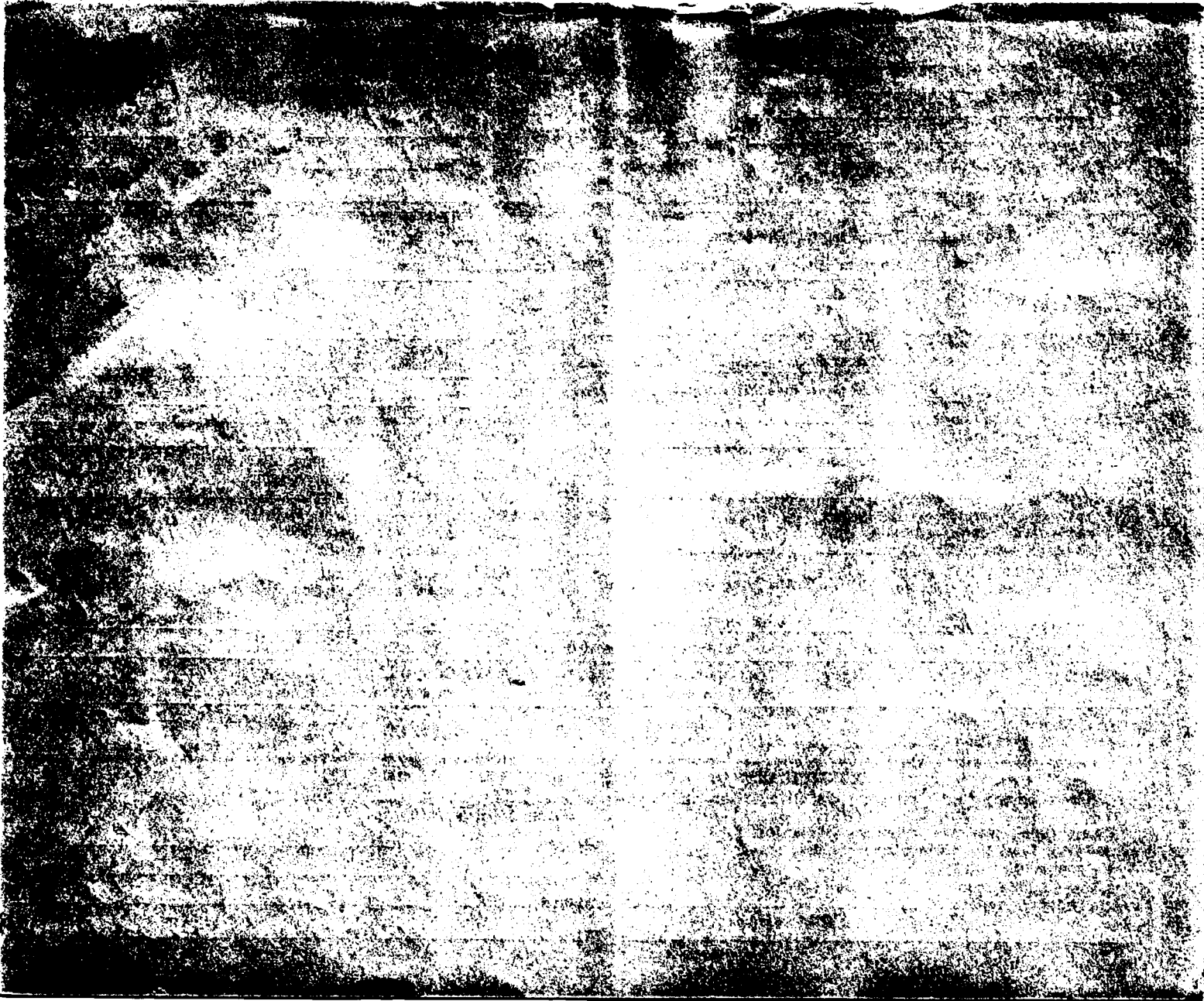
29. If stillborn, period of gestation <u>end 5th mo</u> { months <u>5</u> or weeks <u>5</u>	30. Cause of Stillbirth <u>Premature rupture of membranes</u> During labor <u>no</u> Before labor <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) W. W. Beck, M. D.
or _____, Midwife
Address Blackfoot, Ida
Filed Jan 4, 1938 McNally Estate
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>107249</u>	
City of <u>Blackfoot</u>					
Registration District No. <u>126</u>		Primary Registration District No. <u>1007</u>		Local Registrar's No. <u>201</u>	
(No. <u>Beck Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>No name Murdock Stillborn</u> got					
(a) Residence. No. <u>Rd # 2</u> St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 21, 1937</u>					
7. AGE Years <u>Stillborn</u>		Months _____ Days _____		If LESS than 1 day ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Blackfoot</u> (State or country) <u>Idaho</u>					
MOTHER/FATHER	13. NAME <u>Leo Delbert Murdock</u>				
	14. BIRTHPLACE (city or town) <u>Marrist</u> (State or country) <u>Utah</u>				
	15. MAIDEN NAME <u>Francis R. Dance</u>				
	16. BIRTHPLACE (city or town) <u>Wilson</u> (State or country) <u>Utah</u>				
17. INFORMANT <u>Leo D Murdock</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL Place <u>On Murdock farm</u> Date <u>Dec 21, 1937</u>					
19. UNDERTAKER <u>Leo D Murdock</u> (Address) <u>Blackfoot, Ida. R.D.</u>					
20. FILED <u>Dec 21, 1937</u> <u>Mo. Haines</u> Registrar. (Address) <u>Blackfoot, Ida.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Dec 21 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> 193__					
I last saw <u>Stillborn</u> 193__ : death is said to have occurred on the date stated above, at <u>7 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Stillborn at end of 5th mo</u> Other contributory causes of importance: <u>Premature rupture of membranes</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury <u>193__</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>W. Beck</u> M. D. (Address) <u>Blackfoot, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

261823

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1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. _____
Page Hospital
(If born in hospital or institution give name.)
Registration District No. 78 State File No. _____
Prim. Registration District No. 2150 Local Registrar's No. 123
2. FULL NAME OF CHILD MARGERET LINDSEY

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes Full term _____ 7. Legitimate? Yes 8. Date of birth Dec. 8, 1937
(Month, Day, Year)

9. Full name FATHER
Randolf Lindsey
10. Residence (usual place of abode)
(If non-resident, give place and State) Algoma, Ida.
11. Color or race white 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Buffalo, Okla.
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Dec. 1937
17. Total time (years) spent in this work 5

18. Full maiden name MOTHER
Margaret Eldred
19. Residence (usual place of abode)
(If non-resident, give place and State) Algoma, Ida.
20. Color or race white 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Mott, N. Dak.
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Dec. 1937
26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 0 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 6 1/2 months 3 weeks
30. Cause of stillbirth Hydrocephalus Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 30 a.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Wm F. Tyler, M. D.
or _____, Midwife
Address Sandpoint, Idaho
Filed Dec 7, 1938 Virgil C. Hardum
Jan Registrar.

2

THE UNIVERSITY OF CHICAGO

DATE: 10/10/57

3. The order of the Board of Directors is hereby confirmed.

SECRET

10-11-68 10-11-68 10-11-68

100-443887-100

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SECRET

100-443887-100

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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[illegible]

1947-1948 1949-1950 1951-1952 1953-1954 1955-1956 1957-1958 1959-1960 1961-1962 1963-1964 1965-1966 1967-1968 1969-1970 1971-1972 1973-1974 1975-1976 1977-1978 1979-1980 1981-1982 1983-1984 1985-1986 1987-1988 1989-1990 1991-1992 1993-1994 1995-1996 1997-1998 1999-2000 2001-2002 2003-2004 2005-2006 2007-2008 2009-2010 2011-2012 2013-2014 2015-2016 2017-2018 2019-2020 2021-2022 2023-2024 2025-2026 2027-2028 2029-2030 2031-2032 2033-2034 2035-2036 2037-2038 2039-2040 2041-2042 2043-2044 2045-2046 2047-2048 2049-2050 2051-2052 2053-2054 2055-2056 2057-2058 2059-2060 2061-2062 2063-2064 2065-2066 2067-2068 2069-2070 2071-2072 2073-2074 2075-2076 2077-2078 2079-2080 2081-2082 2083-2084 2085-2086 2087-2088 2089-2090 2091-2092 2093-2094 2095-2096 2097-2098 2099-2100 2101-2102 2103-2104 2105-2106 2107-2108 2109-2110 2111-2112 2113-2114 2115-2116 2117-2118 2119-2120 2121-2122 2123-2124 2125-2126 2127-2128 2129-2130 2131-2132 2133-2134 2135-2136 2137-2138 2139-2140 2141-2142 2143-2144 2145-2146 2147-2148 2149-2150 2151-2152 2153-2154 2155-2156 2157-2158 2159-2160 2161-2162 2163-2164 2165-2166 2167-2168 2169-2170 2171-2172 2173-2174 2175-2176 2177-2178 2179-2180 2181-2182 2183-2184 2185-2186 2187-2188 2189-2190 2191-2192 2193-2194 2195-2196 2197-2198 2199-2200 2201-2202 2203-2204 2205-2206 2207-2208 2209-2210 2211-2212 2213-2214 2215-2216 2217-2218 2219-2220 2221-2222 2223-2224 2225-2226 2227-2228 2229-2230 2231-2232 2233-2234 2235-2236 2237-2238 2239-2240 2241-2242 2243-2244 2245-2246 2247-2248 2249-2250 2251-2252 2253-2254 2255-2256 2257-2258 2259-2260 2261-2262 2263-2264 2265-2266 2267-2268 2269-2270 2271-2272 2273-2274 2275-2276 2277-2278 2279-2280 2281-2282 2283-2284 2285-2286 2287-2288 2289-2290 2291-2292 2293-2294 2295-2296 2297-2298 2299-2300 2301-2302 2303-2304 2305-2306 2307-2308 2309-2310 2311-2312 2313-2314 2315-2316 2317-2318 2319-2320 2321-2322 2323-2324 2325-2326 2327-2328 2329-2330 2331-2332 2333-2334 2335-2336 2337-2338 2339-2340 2341-2342 2343-2344 2345-2346 2347-2348 2349-2350 2351-2352 2353-2354 2355-2356 2357-2358 2359-2360 2361-2362 2363-2364 2365-2366 2367-2368 2369-2370 2371-2372 2373-2374 2375-2376 2377-2378 2379-2380 2381-2382 2383-2384 2385-2386 2387-2388 2389-2390 2391-2392 2393-2394 2395-2396 2397-2398 2399-2400 2401-2402 2403-2404 2405-2406 2407-2408 2409-2410 2411-2412 2413-2414 2415-2416 2417-2418 2419-2420 2421-2422 2423-2424 2425-2426 2427-2428 2429-2430 2431-2432 2433-2434 2435-2436 2437-2438 2439-2440 2441-2442 2443-2444 2445-2446 2447-2448 2449-2450 2451-2452 2453-2454 2455-2456 2457-2458 2459-2460 2461-2462 2463-2464 2465-2466 2467-2468 2469-2470 2471-2472 2473-2474 2475-2476 2477-2478 2479-2480 2481-2482 2483-2484 2485-2486 2487-2488 2489-2490 2491-2492 2493-2494 2495-2496 2497-2498 2499-2500 2501-2502 2503-2504 2505-2506 2507-2508 2509-2510 2511-2512 2513-2514 2515-2516 2517-2518 2519-2520 2521-2522 2523-2524 2525-2526 2527-2528 2529-2530 2531-2532 2533-2534 2535-2536 2537-2538 2539-2540 2541-2542 2543-2544 2545-2546 2547-2548 2549-2550 2551-2552 2553-2554 2555-2556 2557-2558 2559-2560 2561-2562 2563-2564 2565-2566 2567-2568 2569-2570 2571-2572 2573-2574 2575-2576 2577-2578 2579-2580 2581-2582 2583-2584 2585-2586 2587-2588 2589-2590 2591-2592 2593-2594 2595-2596 2597-2598 2599-2600 2601-2602 2603-2604 2605-2606 2607-2608 2609-2610 2611-2612 2613-2614 2615-2616 2617-2618 2619-2620 2621-2622 2623-2624 2625-2626 2627-2628 2629-2630 2631-2632 2633-2634 2635-2636 2637-2638 2639-2640 2641-2642 2643-2644 2645-2646 2647-2648 2649-2650 2651-2652 2653-2654 2655-2656 2657-2658 2659-2660 2661-2662 2663-2664 2665-2666 2667-2668 2669-2670 2671-2672 2673-2674 2675-2676 2677-2678 2679-2680 2681-2682 2683-2684 2685-2686 2687-2688 2689-2690 2691-2692 2693-2694 2695-2696 2697-2698 2699-2700 2701-2702 2703-2704 2705-2706 2707-2708 2709-2710 2711-2712 2713-2714 2715-2716 2717-2718 2719-2720 2721-2722 2723-2724 2725-2726 2727-2728 2729-2730 2731-2732 2733-2734 2735-2736 2737-2738 2739-2740 2741-2742 2743-2744 2745-2746 2747-2748 2749-2750 2751-2752 2753-2754 2755-2756 2757-2758 2759-2760 2761-2762 2763-2764 2765

SECRET

16. 16.000000

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

10-10-68

SECRET

RECEIVED AT THE OFFICE OF THE ATTORNEY GENERAL

1. I hereby certify that I searched the file of this case.

naio-ya gahmeh on aw and na fi

subject of the blue

The House of Representatives

100-443887-100

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of **Bonner**
City of **Sandpoint**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **107268**

Registration District No. **78**

Primary Registration District No. **2155**

Local Registrar's No. **P 7**

(No. **Page Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Stillborn Lindsey**

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Dec. 8, 1937**

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) **Sandpoint**
(State or country) **Idaho**

13. NAME **Randolf Lindsey**

14. BIRTHPLACE (city or town) **Buffalo**
(State or country) **Oklahoma**

15. MAIDEN NAME **Margaret Eldred**

16. BIRTHPLACE (city or town) **Mott**
(State or country) **North Dakota**

17. INFORMANT **Page Hospital**
(Address) **Sandpoint, Idaho.**

18. BURIAL, CREMATION OR REMOVAL **Pinecrest Cem.**
Place **Sandpoint, Ida** Dec. 10 1937

19. UNDERTAKER **L. G. Moon**
(Address) **Sandpoint, Idaho.**

20. FILED **Jan 7 1938**
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) **Dec 8 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 8**, 1937, to **Dec. 8**, 1937.

I last saw him **Stillborn** 1937: death is said to have occurred on the date stated above, at **12:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Congenital hydrocephalus

6 1/2 month foetus expired before labor

Other contributory causes of importance: _____

Name of operation **no** Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no** If so, specify _____

(Signed) **Wm. F. Tyler** M. D.

(Address) **Sandpoint Ida**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Banner
City of Sandpoint
No. _____ St. _____
Graham Hospital
(If born in hospital or institution give name.)
Registration District No. 28 State File No. 261836
Prim. Registration District No. 1155 Local Registrar's No. 199
2. FULL NAME OF CHILD Stillborn Lafore

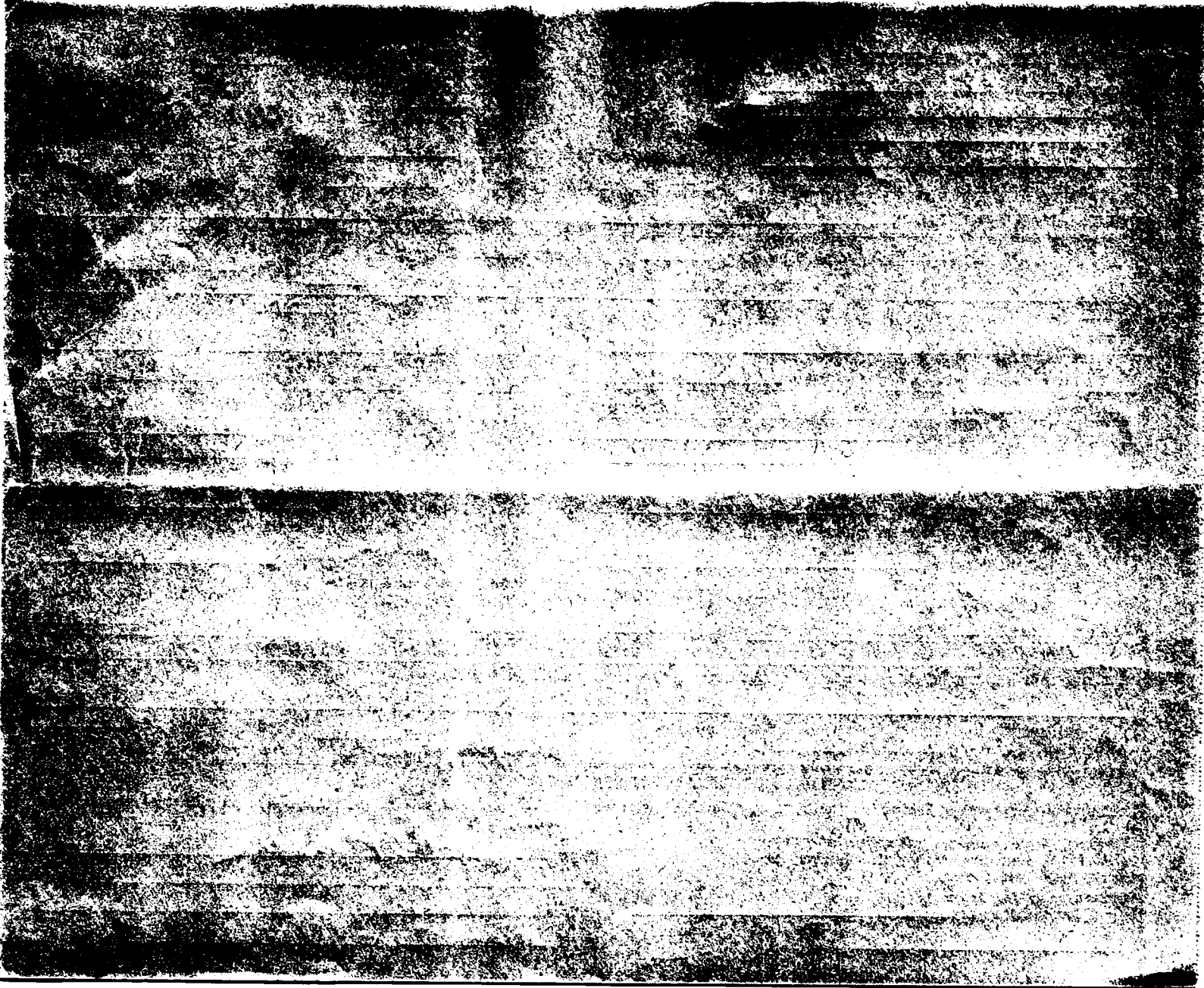
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec. 26, 1937 (Month, Day, Year)

9. Full name FATHER Charles Lafore 18. Full maiden name MOTHER Lanita Stith
10. Residence (usual place of abode) 1208 Lake 19. Residence (usual place of abode) 1208 Lake
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 34 (years) 20. Color or race W. 21. Age at last birthday 36 (years)
13. Birthplace (city or place) Wisc. 22. Birthplace (city or place) Deer Lodge, Mont.
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work now working 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 2%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 months { months or weeks _____ 30. Cause of stillbirth abrupt placent { Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 11:45 A.M. on the date above stated.
(Born Alive or Stillborn)
(Signed) S. B. Middle, M. D.
or _____, Midwife
Address Sandpoint,
Filed Jan 7, 1938 T. J. C. Thompson Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>	City of <u>Sandpoint</u>	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		State File No. <u>107271</u>	
		CERTIFICATE OF DEATH			
JAN 11 1938		Registration District No. <u>78</u>		Local Registrar's No. <u>90</u>	
		Primary Registration District No. <u>2155</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillbirth La Fore</u>					
(a) Residence No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, year) <u>Dec 26, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. ____ min.	
<u>NONE Stillbirth</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Sandpoint, Idaho</u>					
MOTHER FATHER	13. NAME <u>Charles LaFore</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Wisc.</u>				
	15. MAIDEN NAME <u>LaNita Smith</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Deer Lodge, Mont.</u>				
17. INFORMANT <u>Dr. C. C. Wendle,</u> (Address) <u>Sandpoint, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Pinecrest</u> Date <u>Dec. 26, 1937</u>					
19. UNDERTAKER <u>L. G. Moon</u> (Address) <u>Sandpoint, Idaho</u>					
20. FILED <u>Jan 7, 1938</u> <u>Virgil C. Goodwin</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Dec 25, 1937</u>					
22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillbirth</u> <u>Abruption Placenta</u>					
Date of onset <u>Dec 25</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>el</u> Was there an autopsy? <u>No</u>					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place _____					
Manner of injury _____					
Nature of injury _____					
24 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>C. C. Wendle</u> M. D.					
(Address _____)					

FEB 11 1943

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH =
County of Bonner
City of Sagle
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 261841**

Registration District No. 28 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 202

2. FULL NAME OF CHILD STILLBORN Fatzinger

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec. 30 1937</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name
FATHER
Everett Fatzinger

10. Residence (usual place of abode)
(If non-resident, give place and State) Sagle

11. Color or race white 12. Age at last birthday 33 (years)

13. Birthplace (city or place) Bloomfield, Mont.
(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Rancher

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Own Ranch

16. Date (month and year)
last engaged in this work
Dec. 19 37

17. Total time (years) spent
in this work 2

18. Full
maiden
name
MOTHER
Josephine Wolfe

19. Residence (usual place of abode)
(If non-resident, give place and State) Sagle

20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place) Kingston, Pa.
(State or Country)

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own Home

25. Date (month and year)
last engaged in this work
Dec. 19 37

26. Total time (years) spent
in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo. { months or weeks

30. Cause of stillbirth { Before labor Yes During labor _____
Hydrocephalus

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Tom F. Tyler, M. D.

or _____, Midwife

Address Sandpoint, Idaho

Filed Jan 7, 1938 Virgil C. Goodwin
Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

Registrar.

1891

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of **Bonner**
City of **Sandpoint**
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **107273**

Registration District No. **78**
Primary Registration District No. **2155**

Local Registrar's No. **92**

JAN 11 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Stillbirth Fatzinger**

(a) Residence No. **Sagle Idaho** St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Dec 30, 1937**

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **-**

10. Date deceased last worked at this occupation (mo. and yr.) **-** 11. Total time (years) spent in this occupation **-**

12. BIRTHPLACE (city or town) **Sagle Idaho**
(State or country)

13. NAME **Wright Fatzinger**

14. BIRTHPLACE (city or town) **Bloomfield Montana**
(State or country)

15. MAIDEN NAME **Josephine Wolfe**

16. BIRTHPLACE (city or town) **Kington Ia**
(State or country)

17. INFORMANT **Josephine Wolfe Fatzinger**
(Address) **Sagle Idaho**

18. BURIAL, CREMATION OR REMOVAL Place **Sandpoint, Idaho** Date **Dec 31, 1937**

19. UNDERTAKER **L. D. Moon**
(Address) **Sandpoint, Idaho**

20. FILED **Jan 7, 1938** Registrar **Virgil C. Hansen**

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193 **Dec 30**

22 I HEREBY CERTIFY, That I attended deceased from **Dec 30**, 193 **7**, to **Dec 30**, 193 **7**

I last saw h..... alive on..... 193.....: death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

**5 1/2 month fetus
Hydrocephalus
died before labor**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? **no** If so, specify.....

(Signed) **Wm F. Tyler**, M. D.
(Address) **Sandpoint, Ida**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 261920					
County of <u>Bonneville</u> City of <u>Idaho Falls, Ida.</u> No. <u>Memorial Drive St.</u> <u>Ed. L. Hospital</u> (If born in hospital or institution give name.)				Registration District No. <u>73</u> State File No. _____ Prim. Registration District No. <u>214-0</u> Local Registrar's No. <u>873</u>					
2. FULL NAME OF CHILD <u>Timothy</u>									
3. Sex <u>girl</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>yes</u> Full term _____		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>Nov 20</u> 19 <u>27</u> (Month, Day, Year)	
9. Full name FATHER <u>Harrison F. Nelson</u>				18. Full maiden name MOTHER <u>Whiting Helen</u>					
10. Residence (usual place of abode) <u>302 1st St</u> (If non-resident, give place and State) <u>Idaho Falls</u>				19. Residence (usual place of abode) <u>302 1st St</u> (If non-resident, give place and State) <u>Idaho Falls, Ida.</u>					
11. Color or race <u>white</u>				12. Age at last birthday <u>31</u> (years)				20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Manti, Utah</u> (State or Country)				21. Age at last birthday <u>35</u> (years)				22. Birthplace (city or place) <u>Shelby, Idaho</u> (State or Country)	
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book-keeper</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Quinsigamond Iron</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>			
		16. Date (month and year) last engaged in this work <u>Nov</u> 19 <u>27</u>				25. Date (month and year) last engaged in this work <u>Nov</u> 19 <u>27</u>		26. Total time (years) spent in this work <u>3 yrs</u>	
17. Total time (years) spent in this work <u>7 yrs</u>									
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Salargentum a.s.</u>									
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>7 months</u> { months _____ or weeks _____				30. Cause of stillbirth <u>albumin</u> Before labor <u>X</u> During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Child born at 6:42 Am on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

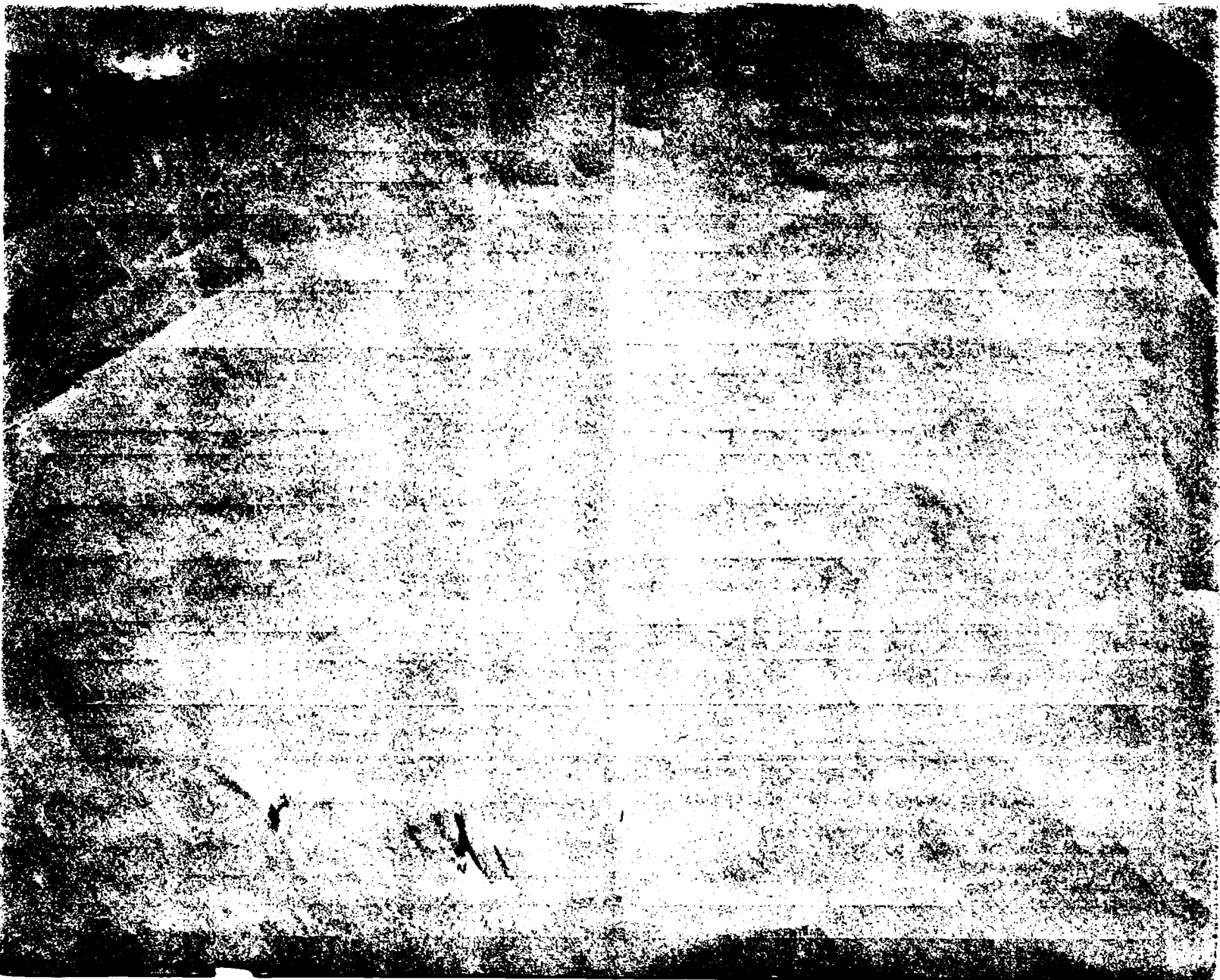
(Signed) Ray Hatch, M. D.

or _____, Midwife

Address Idaho Falls, Ida.

Filed 12/31, 1927 Quinsigamond

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

DEC 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 2140(No. L. L. P. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 106879Local Registrar's No. 2412. FULL NAME Baby Lenson(a) Residence No. Doals Falls

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 20 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Doals Falls
(State or country) Idaho

13. NAME Heber Lenson

14. BIRTHPLACE (city or town) Manti
(State or country) Utah

15. MAIDEN NAME Helen Whiting

16. BIRTHPLACE (city or town) Shelby
(State or country) Idaho

17. INFORMANT Heber Lenson
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date Nov 21 1937

19. UNDERTAKER Jack A. Wood
(Address) Idaho Falls, Idaho

20. FILED Nov 24, 1937 Confidential
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/20 1937

22 I HEREBY CERTIFY, That I attended deceased from
_____, 193____, to _____, 193____.

I last saw him alive on _____ 193____; death is said
to have occurred on the date stated above, at 6-45 a m.
The principal cause of death and related causes of importance were as follows:

Still born
at 7 months

Other contributory causes of importance:

Respiratory separation
of placenta

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. C. Hatch M. D.
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

no 17
no 18

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Orpico
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 5 - 1938

Registration District No. 90 State File No. 262027

(If born in hospital or institution give name.) Prim. Registration District No. 2157 Local Registrar's No. 161

2. FULL NAME OF CHILD Unnamed

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec 18 1937 (Month, Day, Year)

9. Full name Armed Erickson FATHER 18. Full maiden name Madeline Niles MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Orpico Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Orpico Idaho

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) North Lakota 22. Birthplace (city or place) (State or Country) Lewis, West Virginia

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 2

29. If stillborn, period of gestation 7 months { months or weeks 30. Cause of stillbirth Still born { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 5:30 m. on the date above stated. (Born Alive or Stillborn)

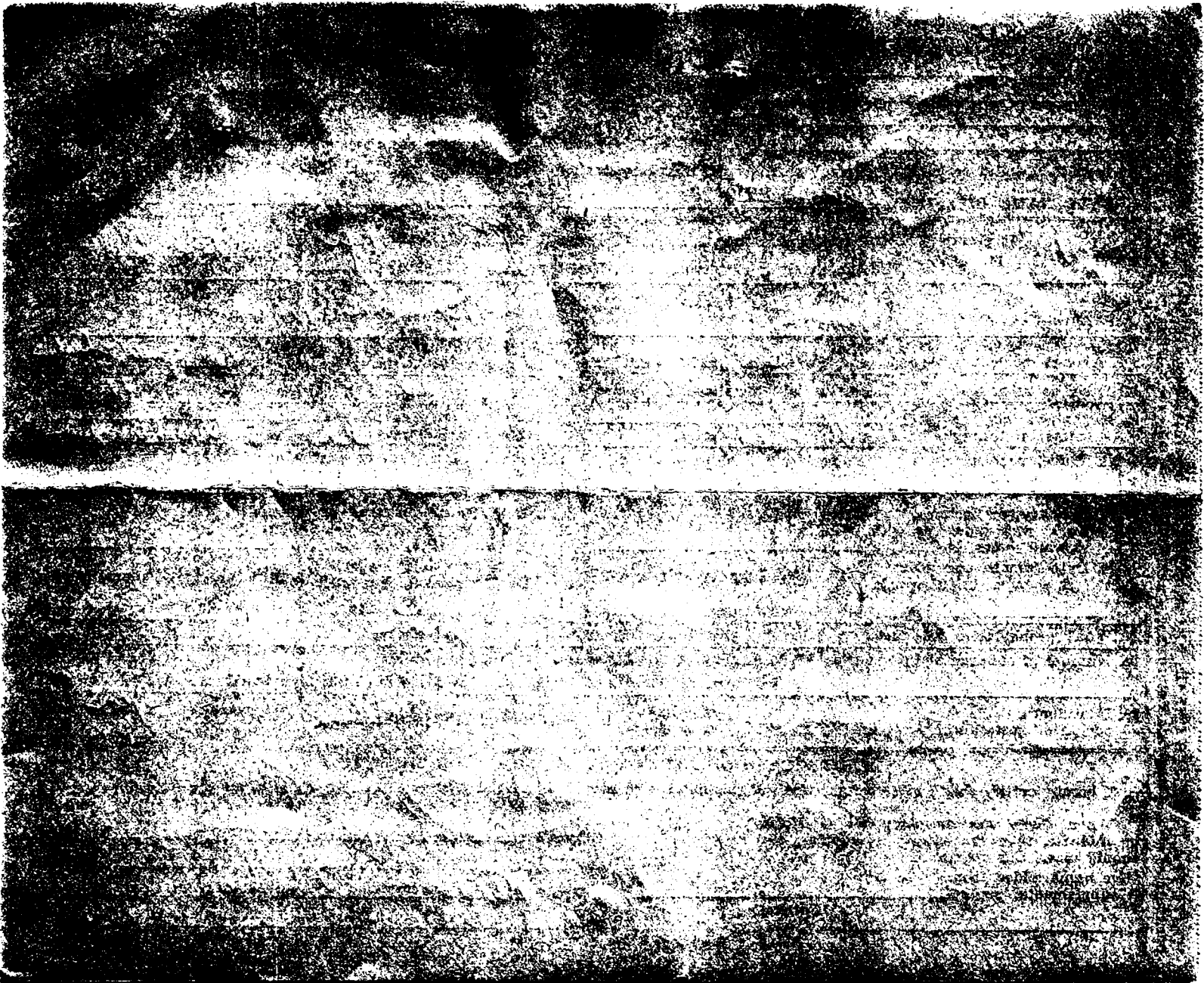
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Robt. Pappenberg M. D. or _____ Midwife

Address Orpico Idaho

Filed 1/2/38 1937 H. A. Chace Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Clearwater
City of Orofino,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107359

Registration District No. 90
Primary Registration District No. 2157

Local Registrar's No. 131

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Erickson (Still Born)

(a) Residence No. Orofino, Idaho

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/18/37

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
born dead dec 18th 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Orofino, Ida.
(State or country)

13. NAME Arnold Erickson

14. BIRTHPLACE (city or town) Ft. Branson
(State or country) N. Dakota

15. MAIDEN NAME Madeline Nines

16. BIRTHPLACE (city or town) Davis
(State or country) West Virginia

17. INFORMANT Arnold Erickson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Orofino Idaho Date Dec 19 1937
Cook Cemetery

19. UNDERTAKER GEO. BLAKE
(Address) Orofino, Idaho

20. FILED 12/21, 1937 W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-18-37 1937

22 I HEREBY CERTIFY, That I attended deceased from
_____, 193____, to _____, 193____.

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. A. Shaw, M. D.

(Address) Orofino Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Ruin over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>New</u> City of <u>Ennet</u> No. <u>21</u>		JAN 6 - 1938		WELFARE DEPARTMENT OFFICE CITY OF NEW YORK 262097	
(If born in hospital or institution give name.)		Registration District No. <u>6</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Stillborn</u>		Prim. Registration District No. _____		Local Registrar's No. _____	
3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>X</u>
8. Date of birth <u>Dec 15, 1927</u> (Month, Day, Year)					
9. Full name FATHER <u>Anders John Peterson</u>			18. Full maiden name MOTHER <u>Helen Alice Brown</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Ennet</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Ennet</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>44</u> (years)		
13. Birthplace (city or place) (State or country) <u>Andstede Sweden</u>			22. Birthplace (city or place) (State or country) <u>Andstede Sweden</u>		
14. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Lawyer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9</u> months or weeks _____					
30. Cause of stillbirth <u>Unknown</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Stefan Lawhorn, M. D.

or _____, Midwife

Address Ennet

Filed 1-5, 1938 Stokynolds

Registrar.

Registrar.

Give name added from a supplemental report.

(Date of)

UNITED STATES DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

TO THE SECRETARY OF THE INTERIOR

FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

107382

State File No.....

PLACE OF DEATH

County of Jersey JAN 6 - 1938
City of Cammet
Registration District No. 6
Primary Registration District No.

Local Registrar's No.....

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Peterson

(a) Residence. No. St. Cammet Ida

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec 15 1937

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Cammet Ida
(State or country)

10. NAME OF FATHER John Peterson

11. BIRTHPLACE OF FATHER (city or town) Sweden
(State or Country)

12. MAIDEN NAME OF MOTHER Rene Alice Brown

13. BIRTHPLACE OF MOTHER (city or town) Ida, Iowa
(State or Country)

14. Informant John Peterson
(Address) Cammet

15. Filed 1-5, 1938 J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 15 1937
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn
cause unknown

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Reynolds, M. D.

Dec 15, 1937 (Address) Cammet

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Parents Address 12/15/37

None

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. _____ St. _____

RECORDED
JAN 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
262139

(If born in hospital or institution give name.)

Registration District No. 98 State File No. _____
Prim. Registration District No. 2176 Local Registrar's No. 200

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>12-20</u> , 193 <u>7</u> (Month, Day, Year)
9. Full name <u>Robert F Brannner</u>	18. Full maiden name <u>Cletha P Nesbaker</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>25</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>25</u> (years)	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby Idaho</u>
13. Birthplace (city or place) (State or Country) <u>Prine Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Rigby Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lobacker</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>10-1-</u> , 19 <u>4</u>	17. Total time (years) spent in this work <u>18 yr</u>	25. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>18</u>	26. Total time (years) spent in this work <u>109 1/2</u>	OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 35 Week { months or weeks } 30. Cause of Stillbirth { During labor. Before labor. yes 10 days

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7-16 PM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) B. A. Brannner, M. D.
or _____, Midwife
Address Rigby Idaho
Filed JAN 10 1938, 1937 Mrs A Beckersell
Registrar.

STATE OF TEXAS
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF ATLAS STATISTICS
CERTIFICATE OF EVIDENCE

1. Name of Person: *John Doe*
2. Address: *123 Main St, Houston, Texas*
3. Date of Birth: *1925*
4. Sex: *Male*
5. Race: *White*
6. Height: *5' 10"*
7. Weight: *180 lbs*
8. Eyes: *Blue*
9. Hair: *Brown*
10. Occupation: *Teacher*
11. Education: *High School Graduate*
12. Marital Status: *Single*
13. Date of Issue: *10/1/50*
14. Issued by: *John Doe*
15. Signature: *[Signature]*
16. Date of Expiration: *10/1/55*
17. Remarks: *Good*

Official Seal
Notary Public
My Comm. Expires
My Comm. No.

1. Name of Person: *John Doe*
2. Address: *123 Main St, Houston, Texas*
3. Date of Birth: *1925*
4. Sex: *Male*
5. Race: *White*
6. Height: *5' 10"*
7. Weight: *180 lbs*
8. Eyes: *Blue*
9. Hair: *Brown*
10. Occupation: *Teacher*
11. Education: *High School Graduate*
12. Marital Status: *Single*
13. Date of Issue: *10/1/50*
14. Issued by: *John Doe*
15. Signature: *[Signature]*
16. Date of Expiration: *10/1/55*
17. Remarks: *Good*

1. Name of Person: *John Doe*
2. Address: *123 Main St, Houston, Texas*
3. Date of Birth: *1925*
4. Sex: *Male*
5. Race: *White*
6. Height: *5' 10"*
7. Weight: *180 lbs*
8. Eyes: *Blue*
9. Hair: *Brown*
10. Occupation: *Teacher*
11. Education: *High School Graduate*
12. Marital Status: *Single*
13. Date of Issue: *10/1/50*
14. Issued by: *John Doe*
15. Signature: *[Signature]*
16. Date of Expiration: *10/1/55*
17. Remarks: *Good*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98

Primary Registration District No. 2176

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Brammer.

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/20/37

7. AGE Years Months Days
0 0 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

13. NAME Robert Brammer.

14. BIRTHPLACE (city or town) Ririe, Idaho.
(State or country)

15. MAIDEN NAME Clesta Pearl Nebeker.

16. BIRTHPLACE (city or town) Clark, Ida.
(State or country)

17. INFORMANT (Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Sevensville, Ida. Date Dec 22, 1937

19. UNDERTAKER (Address) None

20. FILED Dec 22, 1937 Registrar.

—DO NOT WRITE IN THIS SPACE

State File No. 107395

Local Registrar's No. 53

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/20/37

22 I HEREBY CERTIFY, That I attended deceased from 12/20, 1937, to 12/20, 1937

I last saw him alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stomach

Date of onset

Other contributory causes of importance:

Prophylaxis of Pleurisy
Several days before date

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) W. B. R. R. R.

(Address) Rigby, Ida.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene, Idaho
No. _____ St. _____
Lakeside Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Betty Darlene Hull

3. Sex F. If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth 12/2/37, 1937
(Month, Day, Year)

9. Full name FATHER
Cecil Wray Hull

10. Residence (usual place of abode) Coeur d'Alene, Idaho
(If non-resident, give place and State) Rural Route

11. Color or race W 12. Age at last birthday 45 (years)

13. Birthplace (city or place) Canton, Iowa
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
present, 1937

17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? At 70, 19

28. Number of children of this mother (At time of this birth and including this child)

Four

(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn One

29. If stillborn, period of gestation Nine months

months
or weeks

30. Cause of Stillbirth Unknown Before labor _____
During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn

at 12:30 a.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Dr. E. H. Zeeb, M. D.

or _____, Midwife

Address Coeur d'Alene, Idaho

Filed Dec. 7, 1937 D. F. F. Downing

Registrar.

Registrar.

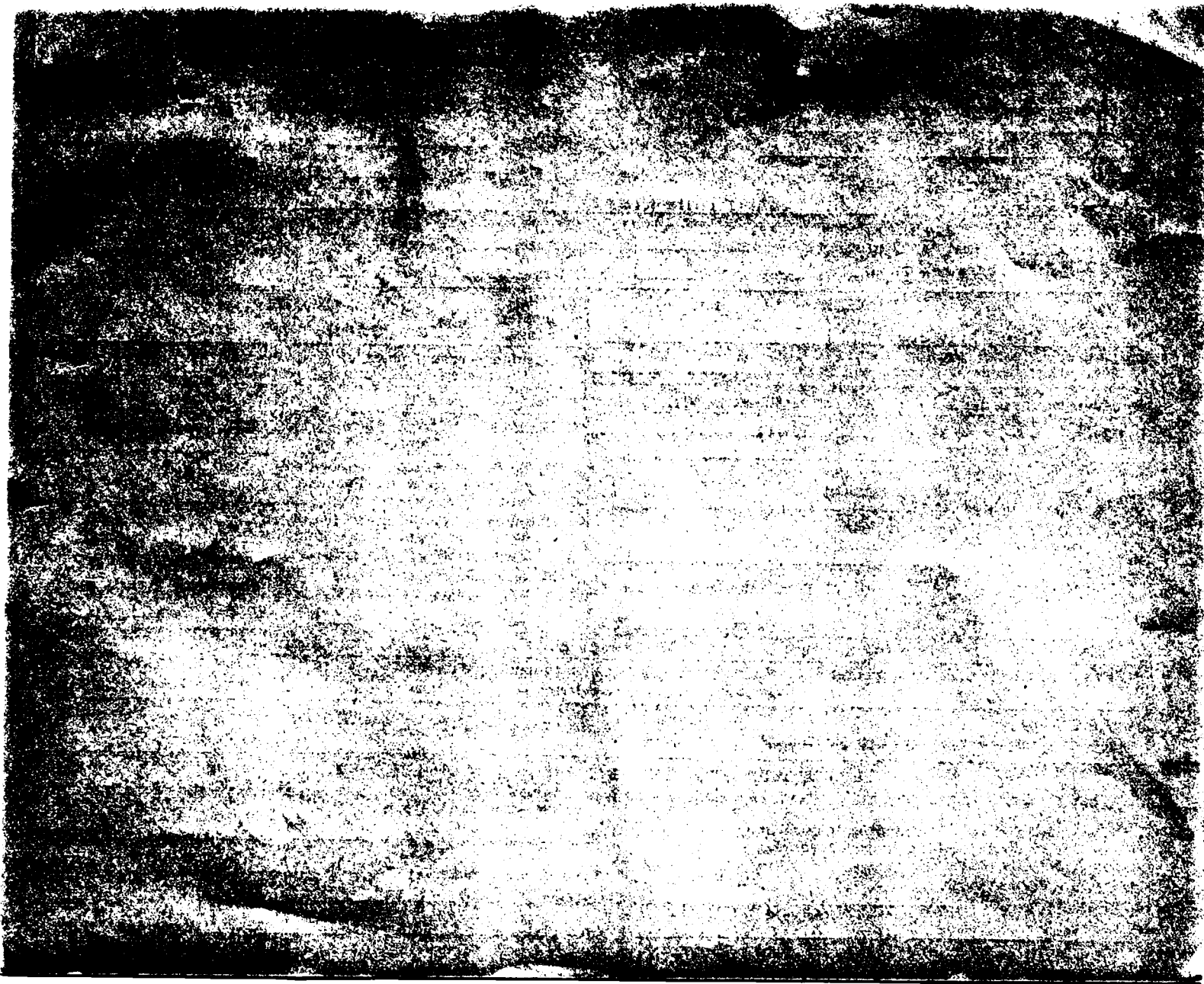
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 262169

JAN 10 1938

Registration District No. 30 State File No. _____

Prim. Registration District No. 1050 Local Registrar's No. 307



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Kootenai
City of Coeur d'Alene
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107401

Registration District No. 20
Primary Registration District No. 7050
(No. Lakeside Hook)

Local Registrar's No. 207

(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Betty Darlene Hull
(a) Residence No. _____ St. Star Route
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.				
3. SEX <u>F.</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>12-2-1937</u>				
7. AGE	Years	Months	Days	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.
<u>Stillborn</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (mo. and yr.) _____			
MOTHER FATHER	11. Total time (years) spent in this occupation _____			
	12. BIRTHPLACE (city or town) <u>Coeur d'Alene</u> (State or country) <u>Ida.</u>			
	13. NAME <u>Cecil Wray Hull</u>			
MOTHER FATHER	14. BIRTHPLACE (city or town) <u>Lova</u> (State or country) _____			
	15. MAIDEN NAME <u>Cora Carpenter</u>			
	16. BIRTHPLACE (city or town) <u>Neb.</u> (State or country) _____			
17. INFORMANT <u>Cecil Wray Hull</u> (Address) <u>Coeur d'Alene</u>				
18. BURIAL, CREMATION OR REMOVAL <u>Forest-Place</u> Place <u>Coeur d'Alene</u> Date <u>12-4</u> , 1937				
19. UNDERTAKER <u>Cassidy Funeral Home</u> (Address) <u>Coeur d'Alene Ida.</u>				
20. FILED <u>Dec 3</u> , 1937 <u>Dr. F. F. Manning</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>12-2-1937</u>	
22 I HEREBY CERTIFY, That I attended deceased from <u>12-2-1937</u> , to <u>12-2-1937</u> . I last saw him/her alive on <u>12-2-1937</u> : death is said to have occurred on the date stated above, at <u>1 a.</u> m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> Date of onset _____	
Other contributory causes of importance: _____	
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937. Where did injury occur? _____ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place _____ Manner of injury _____ Nature of injury _____	
24 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>C. A. Reed, M. D.</u> (Address) <u>Coeur d'Alene Ida.</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH S 262175	
County of <u>Kootenai</u>		Registration District No. <u>30</u>		State File No. _____	
City of <u>Coeur d'Alene</u>		Prim. Registration District No. <u>1050</u>		Local Registrar's No. <u>313</u>	
No. <u>Aylward Maternity</u> st.					
<u>Home</u>					
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Vernon Roy Howell</u>					
3. Sex	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 16</u> , 19 <u>37</u> (Month, Day, Year)
<u>Male</u>		5. Number, in order of birth _____	Full term <u>Yes</u>		
9. Full name FATHER <u>Roy Monroe Howell</u>			18. Full maiden name MOTHER <u>Birdie Bradbury</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rathdrum</u>		
11. Color or race <u>W</u> 12. Age at last birthday <u>22</u> (years)			20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Post Falls, Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Alberta, Canada</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>present</u> , 19 <u>37</u>			25. Date (month and year) last engaged in this work <u>present</u> , 19 <u>37</u>	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>10% Neo Silvol</u>					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>10 months</u>		{ months or weeks	30. Cause of stillbirth <u>difficult instrument delivery</u>		{ Before labor _____ During labor <u>X</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>4 A</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>E. F. Hanning</u> , M. D.					
or _____, Midwife					
Address <u>Coeur d'Alene</u>					
Filed <u>Dec. 21</u> , 19 <u>37</u> <u>Dr. F. F. Hanning</u> Registrar.					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Give name added from a supplemental report _____ (Date of) _____					
Registrar.					

12 DE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Sevier</u> City of <u>Salmon</u> No. <u>Salmon Jan 7</u> St. <u>Jan 10 1938</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 262208	
(If born in hospital or institution give name.)		Registration District No. <u>41</u>	State File No. _____
2. FULL NAME OF CHILD <u>Not named</u>		Prim. Registration District No. <u>2116</u>	Local Registrar's No. _____
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legitimate? <u>Yes</u>
9. Full name <u>Kenneth Brown</u> FATHER		8. Date of birth <u>Nov. 3</u> , 193 <u>7</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Leadore</u>		18. Full maiden name <u>Lola Dole</u> MOTHER	
11. Color or race <u>W</u> 12. Age at last birthday <u>25</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Leadore</u>	
13. Birthplace (city or place) (State or Country) <u>Colville</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>16</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mach. hand</u>		22. Birthplace (city or place) (State or Country) <u>St. John Wash</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>none</u>	
16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
17. Total time (years) spent in this work <u>6</u>		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 1/2 mo</u> { months _____ or weeks _____		30. Cause of stillbirth <u>occlusion of cord</u> { Before labor <u>X</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4 A m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Clara F. Hammer, M. D.

or _____, Midwife

Address Salmon

Filed Jan 7, 1938 Clara C. Bellamy

Registrar.

Registrar.

(Date of)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

2

to 2100
to 2100
to 2100

Radio to fight off 11,000
to 12,000 men, and 100 tanks.

5517-2034

[illegible]

100-443887-100

CONFIDENTIAL

[illegible][illegible]

STANDARD 50 MAR 1974

15

14-00000

THE COURT

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

36258

1. PLACE OF BIRTH
County of Madison
City of Lynn
No. St. JAN 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
262251

Registration District No. 100 State File No. -
(If born in hospital or institution give name.) Prim. Registration District No. 2175 Local Registrar's No. 263

2. FULL NAME OF CHILD Stillborn Atkinson - Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other. - 5. Number, in order of birth - 6. Premature ✓ Full term - 7. Legitimate? Yes 8. Date of birth Dec. 17, 1937 (Month, Day, Year)

9. Full name Mrs. Lucie Atkinson FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Lynn
11. Color or race white 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -
16. Date (month and year) last engaged in this work - 17. Total time (years) spent in this work -

18. Full maiden name Mary Virginia Rickel MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Lynn
20. Color or race white 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -
25. Date (month and year) last engaged in this work - 26. Total time (years) spent in this work -

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation Seven months months or weeks months
30. Cause of stillbirth Partial separation of placenta Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. (Date of) Jan 11 1938
(Signed) Lucie A. Rickel, M. D.
or Herbert J. Jolly, M.D.
Address Herbert J. Jolly
Filed 1-4-, 1938 Mrs. H. J. Young
Registrar. Registrar.

2

100

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Reynolds

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2128

DO NOT WRITE IN THIS SPACE

State File No. 107434

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Atkinson

(a) Residence No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 17 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reynolds
(State or country) Idaho

13. NAME Mr. DeLore Atkinson

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Mrs. Virian Ricks

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mr. DeLore Atkinson
(Address) Reynolds Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Reynolds Date 12-17, 1937

19. UNDERTAKER none
(Address)

20. FILED 1-4, 1938 Mrs. H. H. H. H.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/17 1937

22 I HEREBY CERTIFY, That I attended deceased from
12/17 1937, to 12/17, 1937

I last saw him deceased 1937: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Rupture of Umbilical Cord
Partial separation of placenta

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation or deceased? If so, specify

(Signed) Dr. H. H. H. H. M. D.
Reynolds Idaho
Address

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1

PLACE OF BIRTH

County of Madison

City of Reynolds

No. 111-E-2-North St.

Registration District No. 100

State File No. 262252

(If born in hospital or institution give name.)

Prim. Registration District No. 2178

Local Registrar's No. 264

2. FULL NAME OF CHILD Stillborn Byron

3. Sex Male

If plural births { 4. Twin, triplet, or other. _____

5. Number, in order of birth _____

6. Premature _____

Full term ☒

7. Legitimate? Yes

8. Date of birth 12 11 1937

(Month, Day, Year)

9. Full name Percy M. Byron

FATHER

18. Full maiden name Eline Ruth Hayward

MOTHER

10. Residence (usual place of abode) Reynolds Ida

(If non-resident, give place and State)

19. Residence (usual place of abode) Reynolds Ida

(If non-resident, give place and State)

11. Color or race White

12. Age at last birthday 23 (years)

20. Color or race White

21. Age at last birthday 24 (years)

13. Birthplace (city or place) Idaho

(State or Country)

22. Birthplace (city or place) Idaho

(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Cabin owner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother _____

(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, over full term period of gestation { months or weeks _____

30. Cause of stillbirth Changulation of Cord

{ Before labor _____

{ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) James T. Rich, M. D.

or _____, Midwife

Address Reynolds Idaho

Filed 1-4- 1938 Miss H. Young

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Lexburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107433

JAN 11 1938

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 74

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Byron

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) infant

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Shelburn

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lexburg Idaho
(State or country)

13. NAME Percy M Byron

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Elie Ruth Hayward

16. BIRTHPLACE (city or town) Maine
(State or country)

17. INFORMANT Percy M Byron
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date _____, 1938

19. UNDERTAKER none
(Address)

20. FILED 1-4-, 1938

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/11 1937

22 I HEREBY CERTIFY, That I attended deceased from 12 11, 1937, to 12 11, 1937.

I last saw him at Shelburn 1937: death is said to have occurred on the date stated above, at ✓ m.

The principal cause of death and related causes of importance were as follows:

Strangulation of
umbilical cord
before birth.

Other contributory causes of importance:

over gestation.

Date of onset

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation _____
If so, specify _____

(Signed) Lora St. Paul M. D.
Lexburg Idaho
57 (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Mag. Jones
City of Lehi, Utah
No. _____ St. _____

RECEIVED
JAN 8 - 1938

STATE OF UTAH
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 262303

(If born in hospital or institution give name.)

Registration District No. 63 State File No. _____
Prim. Registration District No. 2143 Local Registrar's No. _____

2. FULL NAME OF CHILD Walter Martin Whybark - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate? Yes 8. Date of birth Dec 6, 1937
(Month, Day, Year)

9. Full name FATHER Frank Walter Whybark 18. Full maiden name MOTHER Emma Jones McGary

10. Residence (usual place of abode) (If non-resident, give place and State) Southwick 19. Residence (usual place of abode) (If non-resident, give place and State) Southwick

11. Color or race sw 12. Age at last birthday 27 (years) 20. Color or race sw 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Walla Walla Wash 22. Birthplace (city or place) (State or Country) Southwick Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19 _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 { months or weeks _____ 30. Cause of stillbirth _____
Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

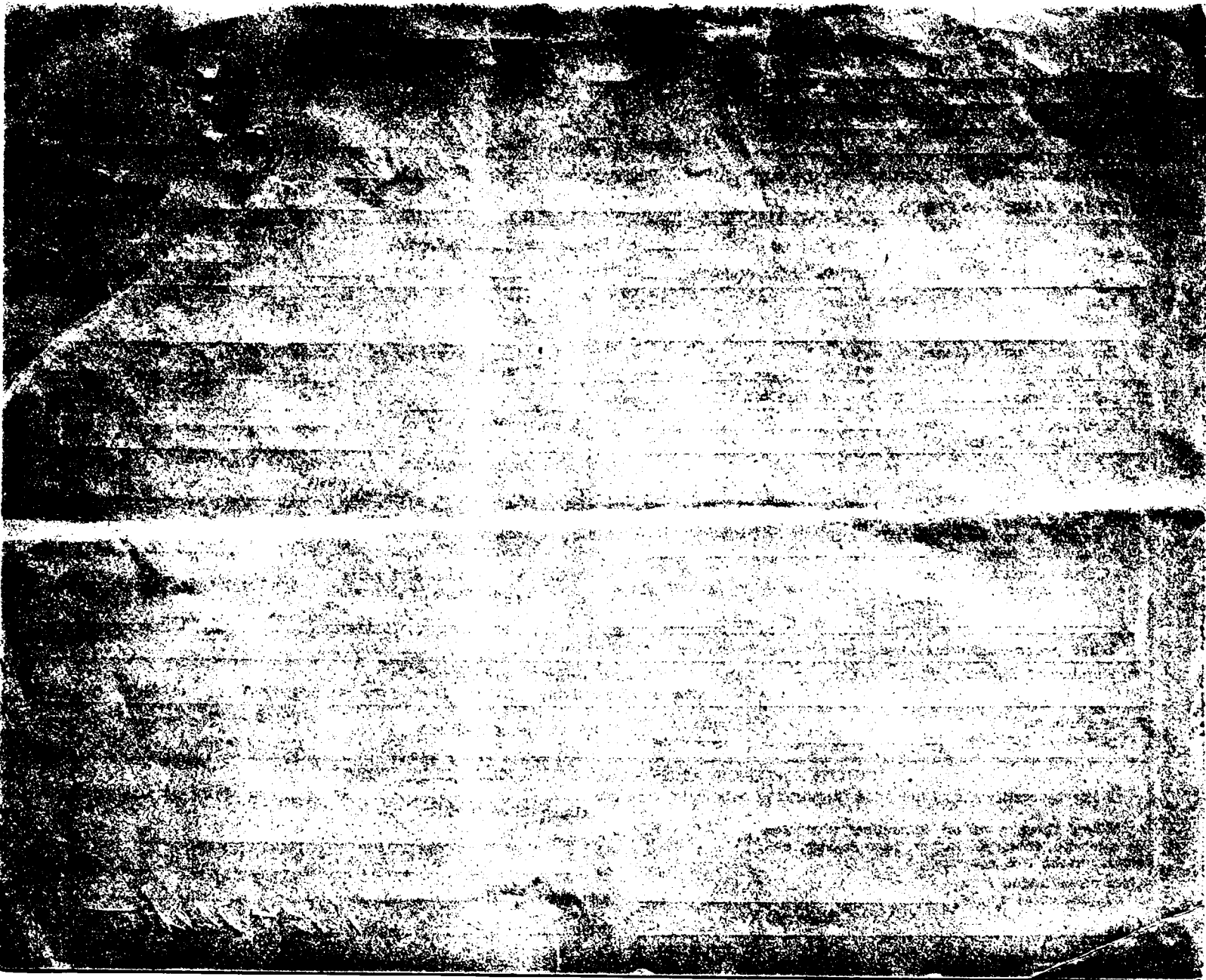
(Signed) D. Christensen, M. D.

or _____, Midwife

Address Kendrick Idaho

Filed Dec 6, 1937 B. F. Markit

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Mag. Boise</u>		Registration District No. <u>63</u>		State File No. <u>107440</u>	
City of <u>Lawston</u>		Primary Registration District No. <u>2143</u>		Local Registrar's No. <u>746</u>	
(No. <u>St. Joseph's Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Walter Melvin Whyback</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 6, 1937</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Leicester, St. Joseph, Mo.</u> (State or country) <u>Mo.</u>					
FATHER	13. NAME <u>Freeland Walter Whyback</u>				
	14. BIRTHPLACE (city or town) <u>Walla Walla</u> (State or country) <u>Wash.</u>				
	15. MAIDEN NAME <u>Eva Leona McCay</u>				
	16. BIRTHPLACE (city or town) <u>Southwick</u> (State or country) <u>Idaho</u>				
MOTHER	17. INFORMANT <u>Freeland Walter Whyback</u> (Address) <u>Southwick, Idaho</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place <u>Southwick</u> Date <u>Dec. 6, 1937</u>				
	19. UNDERTAKER <u>None</u> (Address)				
	20. FILED <u>Dec 6, 1937</u> <u>B.T. Neat</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 6, 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Maternal exchange</u> <u>Prematurity 8 mos</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Dr. H. M. Neat</u> , M. D.					
(Address) <u>Southwick, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

601
S 937
262308

1. PLACE OF BIRTH Arm and leg
County of New Perce present.
City of Lenore R.F.D. cord down
No. St and constrictor
Registration District No. 93 State File No. 2371
(If born in hospital or institution give name) Stillborn Local Registrar's No. 2371

2. FULL NAME OF CHILD Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other NO 6. Premature NO 7. Legitimate? yes 8. Date of birth Sept 3rd 1917
(Month, Day, Year)

9. Full name FATHER Walter Kale Russell 18. Full maiden name MOTHER Hazel Evelyn Parks
10. Residence (usual place of abode) Lenore R.F.D. 19. Residence (usual place of abode) Lenore R.F.D.
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Rapid City S. Dak. 22. Birthplace (city or place) Gordon Nebraska
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ----

16. Date (month and year) last engaged in this work NOV, 1918 17. Total time (years) spent in this work 211 25. Date (month and year) last engaged in this work ----, 1918 26. Total time (years) spent in this work ----

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ----

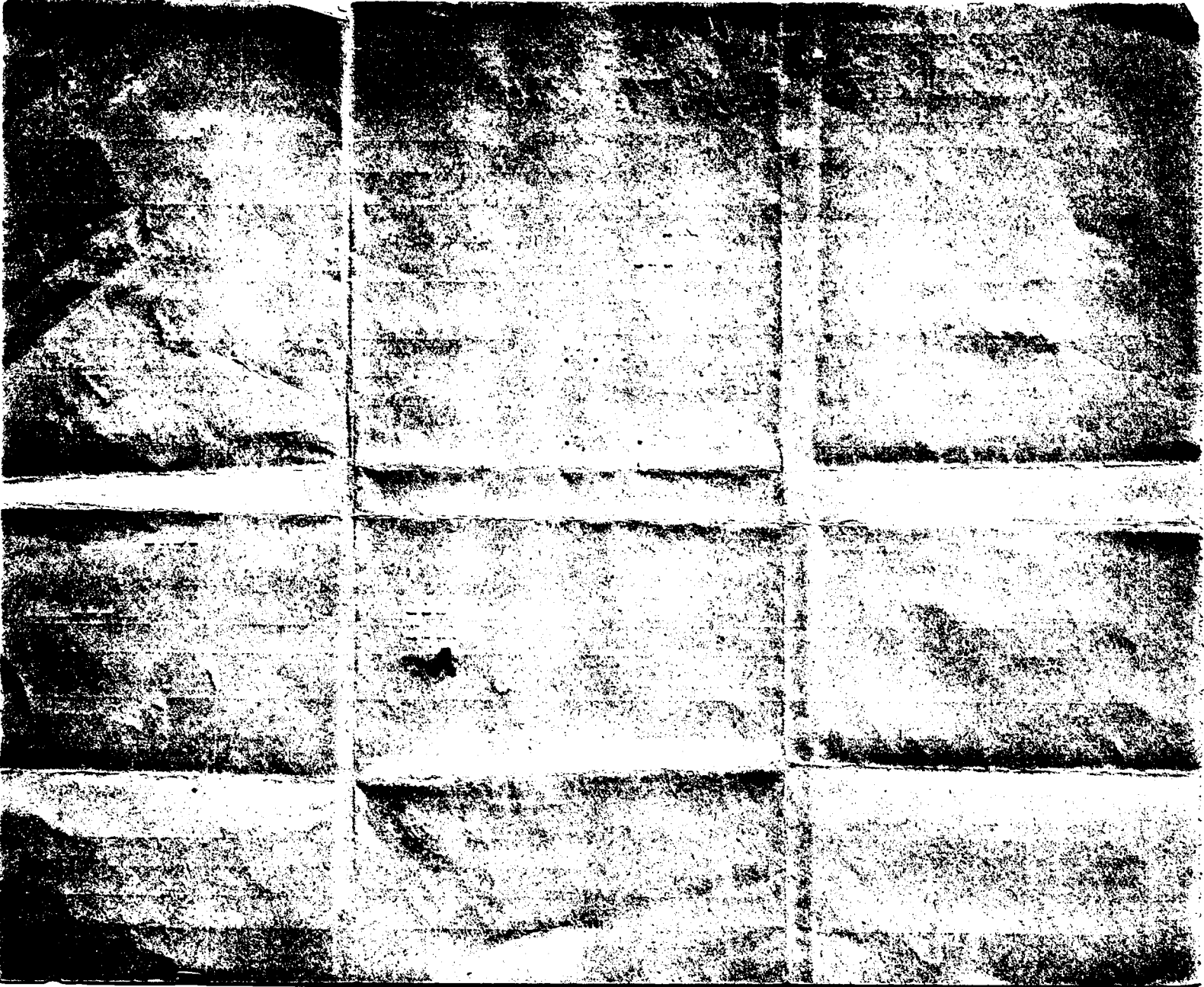
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead one (c) Stillborn one

29. If stillborn, period of gestation 7 Mo. { months or weeks 30. Cause of Stillbirth Relaxed Cord { During labor yes Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 A.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report Daniel Lyle (Date of) 9-4
Registrar.

(Signed) W. A. Peterson, M. D.
or O. J. Lyle, Midwife
Address Orford Idaho
Filed 9-4, 1937 Daniel Lyle Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH *Refuse* STATE OF IDAHO
 County of *Refuse* DEPARTMENT OF PUBLIC WELFARE
 City of *Refuse* BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **107439**

RECEIVED
 JAN 5 - 1938

Registration District No. *93*Primary Registration District No. *2371*Local Registrar's No. *206*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Stillborn*

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed or Divorced (write the word) *Stillborn*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of *Stillborn*

6. DATE OF BIRTH (month, day, and year) *Sept. 3, 1937*

7. AGE *Stillborn*
 Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Lenore R. F. D.*
 (State or country) *Idaho*

13. NAME *Walter Hale Russell*

14. BIRTHPLACE (city or town) *Payson City*
 (State or country) *Idaho*

15. MAIDEN NAME *Hazel Evelyn Bailey*

16. BIRTHPLACE (city or town) *Lenore R. F. D.*
 (State or country) *Idaho*

17. INFORMANT *Father Walter Hale Russell*
 (Address) *Lenore Idaho*

18. BURIAL, CREMATION OR REMOVAL
 Place *Ignor* Date *9-4*, 1937

19. UNDERTAKER
 (Address)

20. FILED *9-3-*, 1937 *Daniel Lyle*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *Stillborn*

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw him alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Proapsed cord. Some hours before born. No pulsation in cord any time.

Date of onset _____

Other contributory causes of importance:

Maternal toxemia and labor glass altered

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) *D. R. Shulman*, M. D.(Address) *Griffin Idaho*

9-23-37

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

613-224-236-253
1. PLACE OF BIRTH
County of Quincy
City of Malad
No. _____ St. _____

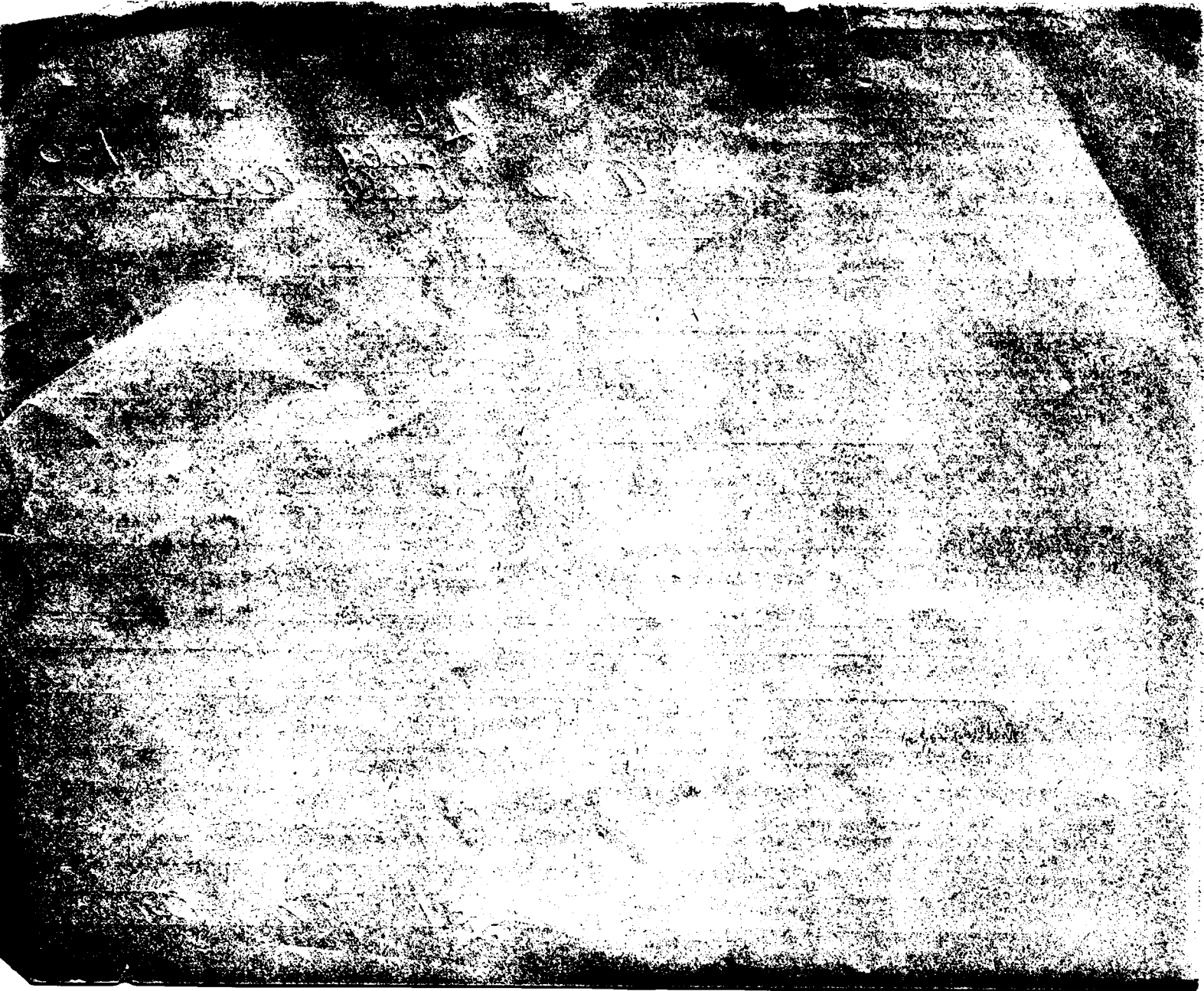
Registration District No. 26 State File No. _____
(If born in hospital or institution give name) Prim. Registration District No. 2069 Local Registrar's No. 130
2. FULL NAME OF CHILD Anna Lucille Waldron

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 24, 1907
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Ernest Waldron</u>	18. Full maiden name <u>Lucille Beston</u>	10. Residence (usual place of abode) <u>Samaria, Idaho</u>	19. Residence (usual place of abode) <u>Samaria, Idaho</u>
(If non-resident, give place and State)	(If non-resident, give place and State)	11. Color or race <u>W</u> 12. Age at last birthday <u>35</u> (years)	20. Color or race <u>W</u> 21. Age at last birthday <u>32</u> (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Still born at 10:40 P. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
(Signed) O. H. Mullen, M. D.
or _____, Midwife
Address Malad, Idaho
Filed Dec 31, 1907 M. J. Kerns
Registrar. Registrar.



N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County <u>Oneida</u>		CERTIFICATE OF DEATH <div style="text-align: right; margin-top: -20px;">26</div>		State File No. <u>107470</u>	
City of <u>Malad</u>					
Registration District No. <u>2069</u>		Primary Registration District No. <u>2069</u>		Local Registrar's No. <u>28</u>	
(No. <u>Community Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Anna Lucile Waldron (Baby)</u>					
(a) Residence. No. <u> </u> St. <u> </u> (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Female</u> 4. Color or Race <u>White</u> 5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			21. DATE OF DEATH (month, day, and year) <u>December 24</u> 193 <u>7</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dec 24</u> 193 <u>7</u> 7. AGE Years <u> </u> Months <u> </u> Days <u> </u> If LESS than 1 day... hrs. or min.			22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 193...., to <u> </u> , 193.... I last saw h.... alive on <u> </u> , 193....; death is said to have occurred on the date stated above, at <u> </u> m. The principal cause of death and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> 9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u> 10. Date deceased last worked at this occupation (mo. and yr.) <u> </u> 11. Total time (years) spent in this occupation <u> </u>			Date of onset <u> </u> <u> </u> <u> </u> Other contributory causes of importance: <u> </u> <u> </u> <u> </u>		
12. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>			Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis?.... Was there an autopsy?..		
13. NAME <u>Ernest Savage Waldron</u> 14. BIRTHPLACE (city or town) <u>Samaria Idaho</u> (State or country)			23. If death was due to external causes (<u>violence</u>) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193... Where did injury occur?..... (Specify city or town, county, and state)		
15. MAIDEN NAME <u>Anna Lucile Beeton Waldron</u> 16. BIRTHPLACE (city or town) <u>Deweyville</u> (State or country) <u>Utah</u>			Specify whether injury occurred in <u>industry</u> , in <u>home</u> , or in <u>public place</u> . Manner of injury <u> </u> Nature of injury <u> </u>		
17. INFORMANT <u>Ernest Waldron</u> (Address) <u>Samaria Idaho</u>			24. Was disease or injury in any way related to occupation of deceased?.... (Signed) <u> </u> M. D. (Address) <u>Malad Ida</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Burial</u> Place <u>Samaria Idaho</u> Date <u>Dec 27</u> 193 <u>7</u>					
19. UNDERTAKER <u>J. S. Jensen</u> (Address) <u>Malad Idaho</u>					
20. FILED <u>Dec 31</u> 193 <u>7</u> <u>M. J. Kerns</u> Registrar.					

UNITED STATES STANDARD CERTIFICATE OF DEATH-

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

262361

1. PLACE OF BIRTH
County of Payette
City of New Pymouth
No. _____ St. _____

RECEIVED
JAN 14 1938

Registration District No. 4 State File No. S
Prim. Registration District No. 1008 Local Registrar's No. 1

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Soper Steelborn

3. Sex m If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature 5 mo Full term _____
7. Legitimate? yes 8. Date of birth Dec. 31, 1937 (MONTH, DAY, YEAR)

9. Full name FATHER Ernie C. Soper
10. Residence (usual place of abode) (If non-resident, give place and State) New Pymouth
11. Color or race W 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Alberta, Canada

18. Full maiden name MOTHER Thelma Watson Soper
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race W 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or country) Beatrice, Nebraska

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 2
28. If stillborn, period of gestation 5 mo. { months or weeks } 29. Cause of stillbirth Prematurity { Before labor _____ During labor ✓ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 A m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Geo E Davis, M. D.

or _____, Midwife

Address New Pymouth, Idaho
Filed Jan 1, 1938 193 J. C. Woodward Registrar.

Give name added from a supplemental report _____ (DATE OF) _____ Registrar.

1. [Illegible]
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77. [Illegible]
78. [Illegible]
79. [Illegible]
80. [Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette
City of New Plymouth

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107484Registration District No. 4Primary Registration District No. 1008Local Registrar's No. 78(No. 406)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Super(a) Residence No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX m4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 31, '37

7. AGE

Years 0Months 0Days 0If LESS than
1 day 0 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho13. NAME Emile C. O. Super14. BIRTHPLACE (city or town) Alberta
(State or country) Canada15. MAIDEN NAME Thelma Watson16. BIRTHPLACE (city or town) Beatrice
(State or country) Nebraska17. INFORMANT Mrs. Emile Super
(Address) New Plymouth, Id.18. BURIAL, CREMATION OR REMOVAL
Place New Plymouth Date 2/3/37 193819. UNDERTAKER Emile C. O. Super
(Address) New Plymouth, Id.20. FILED 2/3/37 1938 J. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-3 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 31 1937, to Dec 31, 1937.I last saw h. alive on 1937: death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Immaturity

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Jes. G. Davis, M.D.(Address) New Plymouth, Id.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Payette
City of Payette
No. _____ St. _____
JAN 14 1938
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S262364**
Registration District No. 4 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1008 Local Registrar's No. 3

2. FULL NAME OF CHILD Elsie Joan Tyler Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Legiti- mate? Yes 8. Date of birth Dec. 12, 1937
(Month, Day, Year) 7

9. Full name FATHER George Elmer Tyler 18. Full maiden name MOTHER Winona Dewey

10. Residence (usual place of abode) Payette, Ida. 19. Residence (usual place of abode) Payette, Ida.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 27 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Colorado 22. Birthplace (city or place) Colorado
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

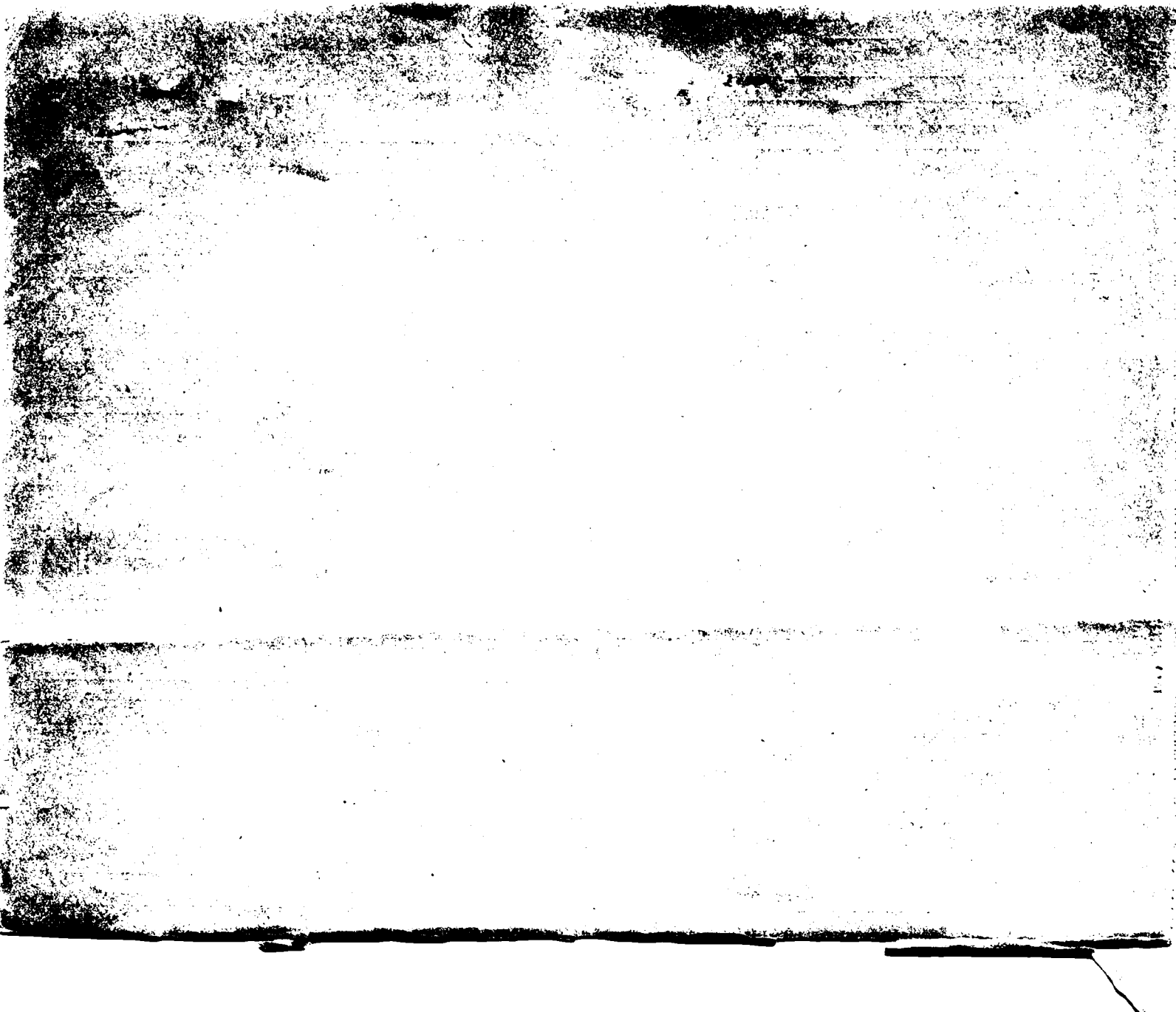
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 11:10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Clarkson, M. D.

Give name added from a supplemental report _____
(Date of) _____
or _____, Midwife

Address Payette, Idaho
Filed 1/1/38, 1938 J. C. Woodward
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4Primary Registration District No. 1008

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 107478Local Registrar's No. 722. FULL NAME Elsie Joanne Tyler.

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year) 12-12-1937

7. AGE Years Months Days If LESS than 1 day 1 hrs. or min.
----- ----- ----- ----- ----- -----

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

13. NAME George Elmer Tyler
Ridgeway

14. BIRTHPLACE (city or town) Colo;
(State or country)

15. MAIDEN NAME Addie W. Dewey

16. BIRTHPLACE (city or town) Brush
(State or country) Colo;

17. INFORMANT George Elmer Tyler
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
NEW PLYMOUTH IDA Date 12-14-1937

19. UNDERTAKER Glenn C. London
(Address) Payette Idaho

20. FILED 12/13/37 193 72

Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12-12-193722 I HEREBY CERTIFY, That I attended deceased from 12-12, 1937, to 12-12, 1937

I last saw h. not alive: death is said to have occurred on the date stated above, at 11 9 m.
The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

12-12-37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. J. Anderson, M. D.(Address) Payette, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Victor</u> No. _____ St. _____ Registration District No. <u>77</u> State File No. <u>262451</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH JAN 5 - 1938	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2174</u> Local Registrar's No. <u>22</u>	
2. FULL NAME OF CHILD <u>Ronald Deane Robertson (stillborn)</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Dec 16</u> , 1937 (Month, Day, Year)			
9. Full name FATHER <u>Harvey White Robertson</u>		18. Full maiden name MOTHER <u>Golda Mae Sherman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Victor Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Victor Idaho</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>23</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Blackfoot Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Victor Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>painter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>five yrs.</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work <u>five yrs.</u> , 19____		26. Total time (years) spent in this work <u>three yrs.</u> , 19____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>two</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u> . { months or weeks		30. Cause of Stillbirth <u>Placenta decomposed.</u> { During labor. Before labor. <u>X</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dec 16, 1937 at 11:50 P m. on the date above stated.
(Born Alive or Stillborn)

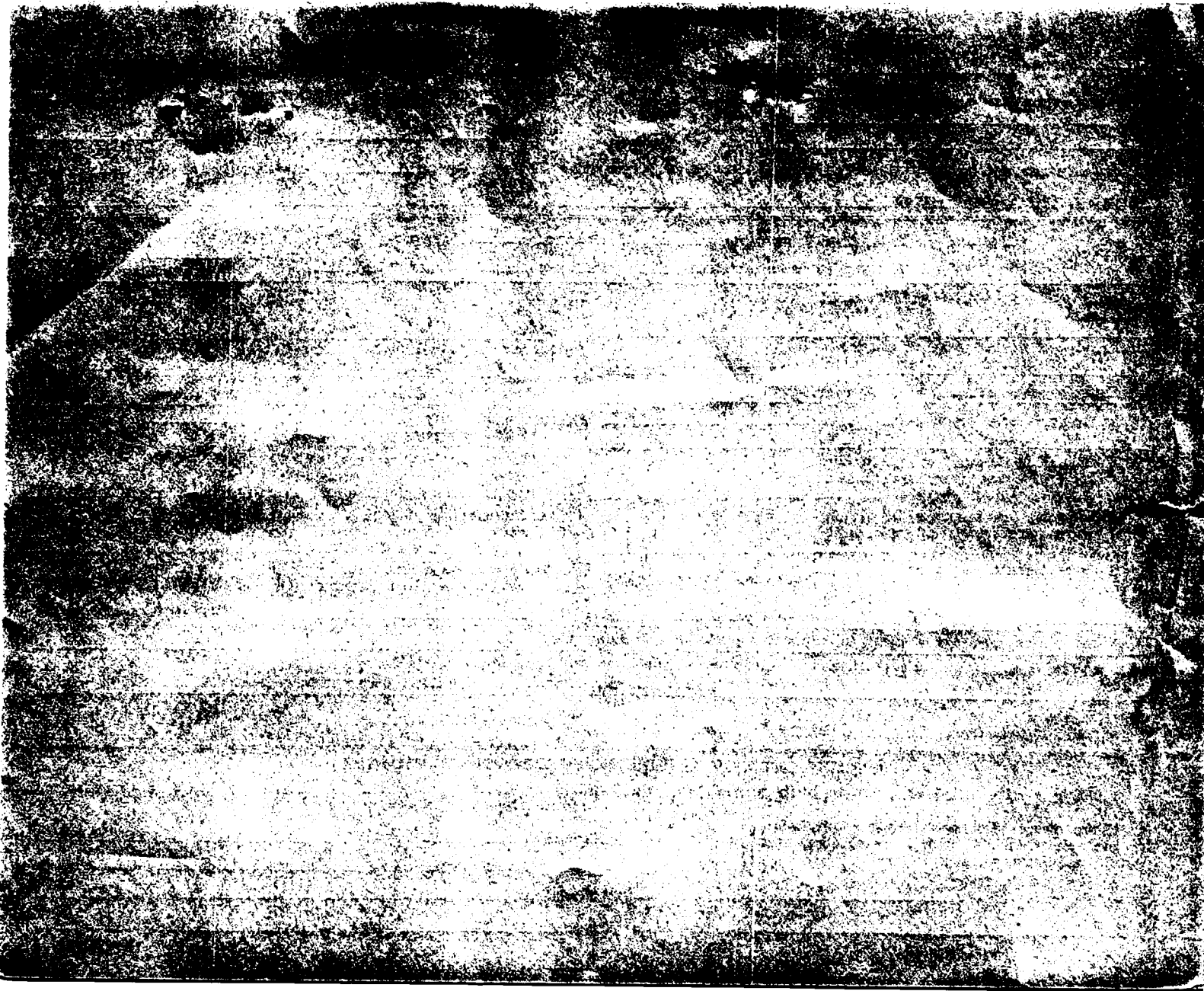
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.
or Angeline D Driggs R.N., Midwife
Address Driggs Idaho.
Filed 1-3-, 1938 Libbie M. Greene.
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Teton
City of Victor Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 107513Local Registrar's No. 18

- (If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Ronald Deane Robertson (Stillborn) 206
(a) Residence. No. Victor Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Dec 16 - 1937</u>		
7. AGE Years <u>✓</u> Months <u>✓</u> Days <u>✓</u>	If LESS than 1 day, yrs. hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER/FATHER	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Victor Idaho</u>		
13. NAME <u>Harvey White Robertson</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>		
15. MAIDEN NAME <u>Golda Mae Sherman</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Victor Idaho</u>		
17. INFORMANT <u>Golda Mae Robertson</u> (Address) <u>Victor Idaho</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Victor Cemetery</u> Date <u>Dec. 18, 1937</u>		
19. UNDERTAKER (Address)		
20. FILED <u>1-3-1938</u> <u>Albie M. Greene</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)	<u>193</u>
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to , 193.....	
I last saw h.....alive on , 193....; death is said to have occurred on the date stated above, atm.	
The principal cause of death and related causes of importance were as follows:	
<u>The placenta was decomposed. child was dead about a week before birth.</u>	Date of onset
Other contributory causes of importance:	
Name of operation..... Date of.....	
What test confirmed diagnosis?.... Was there an autopsy?..	
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193.	
Where did injury occur?..... (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	
Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....	
(Signed) <u>Albie M. Greene</u>	Registrar.
(Address) <u>Druggs Idaho</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		
County of <u>Twin Falls</u>		JAN 10 1938		262460
City of <u>Buhl</u>		CERTIFICATE OF BIRTH		
No. <u>Buhl Hospital & Clinic</u> St.		Registration District No. <u>39</u> State File No. _____		
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2087</u> Local Registrar's No. _____		
2. FULL NAME OF CHILD <u>Baby Girl Jewett</u> <u>Shelborn</u>				
3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>✓</u>
5. Number, in order of birth _____		Full term <u>✓</u>		8. Date of birth <u>12-10</u> 19 <u>37</u> (Month, Day, Year)
9. Full name FATHER <u>Allen Gormley Jewett</u>		18. Full maiden name MOTHER <u>Mae Catherine Conway</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Three Creek</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Three Creek</u>		
11. Color or race <u>W</u>		20. Color or race <u>W</u>		
12. Age at last birthday <u>40</u> (years)		21. Age at last birthday <u>37</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Montana</u>		22. Birthplace (city or place) (State or Country) <u>Wyoming</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>Dec</u> 19 <u>37</u>		25. Date (month and year) last engaged in this work <u>Dec</u> 19 <u>37</u>	
17. Total time (years) spent in this work <u>Adult life</u>		26. Total time (years) spent in this work <u>16 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>				
28. Number of children of this mother <u>6</u> (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>				
29. If stillborn, period of gestation <u>9 months</u> { months or weeks				
30. Cause of Stillbirth <u>Pre-eclampsia</u> { During labor. Before labor. <u>✓</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was St. 11 Born at 4:20 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) John W. Johnston M. D.

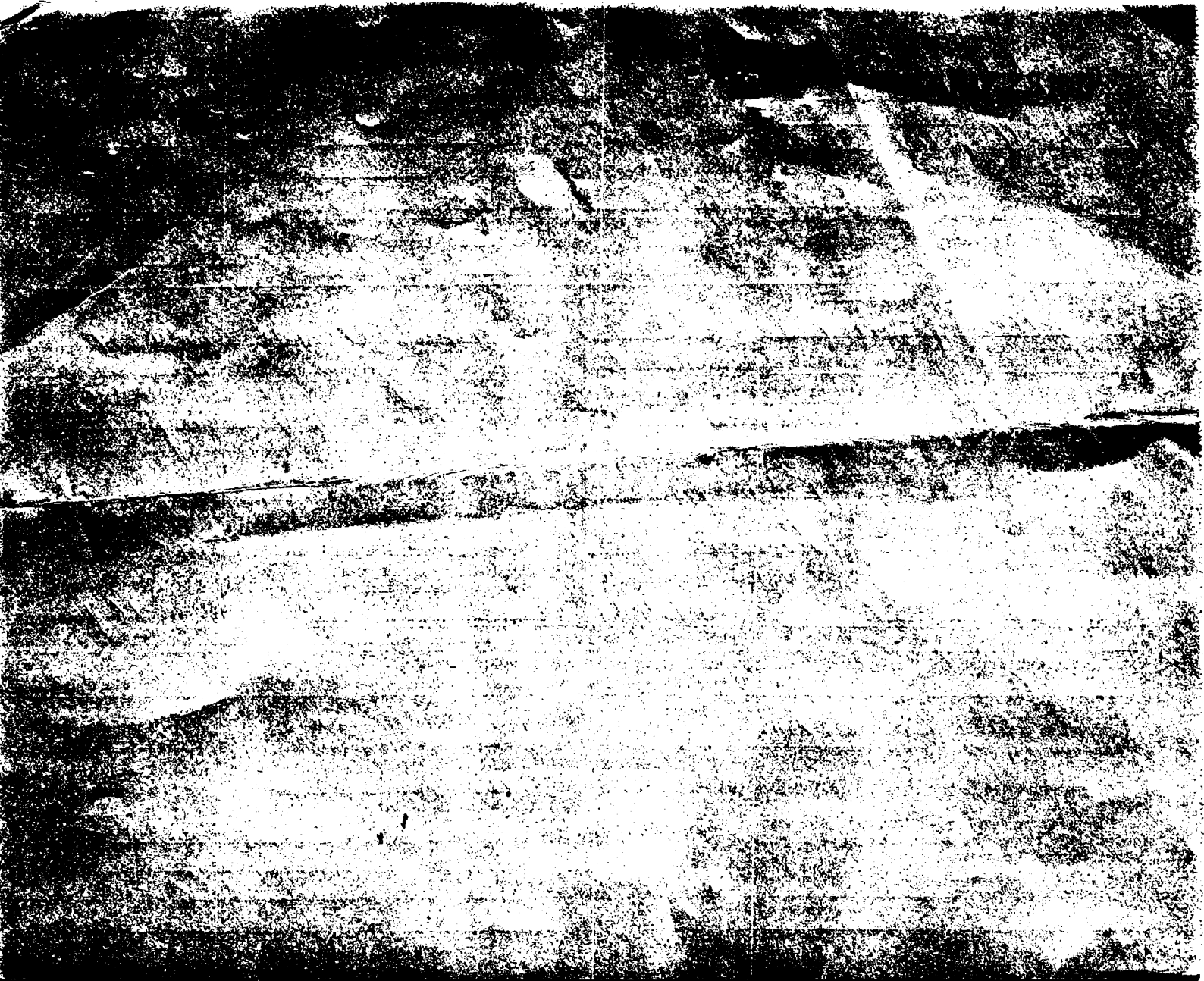
or

Address Buhl, Idaho

Filed 12/20 1937

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Luna Falls STATE OF IDAHO
 County of Luna Falls DEPARTMENT OF PUBLIC WELFARE
 City of Buhl BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107549
 State File No. _____

Registration District No. 39

Primary Registration District No. 2087

Local Registrar's No. _____

(No. _____)
 (If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Baley Jewett

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color, or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day, and year) _____
 7. AGE Years Months Days If LESS than 1 day hrs. or min.
✓ ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Name.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Buhl (State or country) Idaho

13. NAME Allen Jewett

14. BIRTHPLACE (city or town) Three Creek (State or country) Idaho

15. MAIDEN NAME May. Conway

16. BIRTHPLACE (city or town) Idaho (State or country) Idaho

17. INFORMANT Allen Jewett (Address) Three Creek, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Bureau Date Dec 11th 1937

19. UNDERTAKER Evans & Johnson (Address) Buhl, Idaho

20. FILED 12/10, 1937 Anastasia Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/10/1937

22 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Dec 10, 1937

I last saw him alive on Dec 10 1937. death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Still birth Date of onset Dec 10/37

Other contributory causes of importance:

Inc. clamped in mother Pregnancy 1937

Name of operation none Date of _____

What test confirmed diagnosis clinical as there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1937 _____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) James H. Wilson D.

(Address) Buhl, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

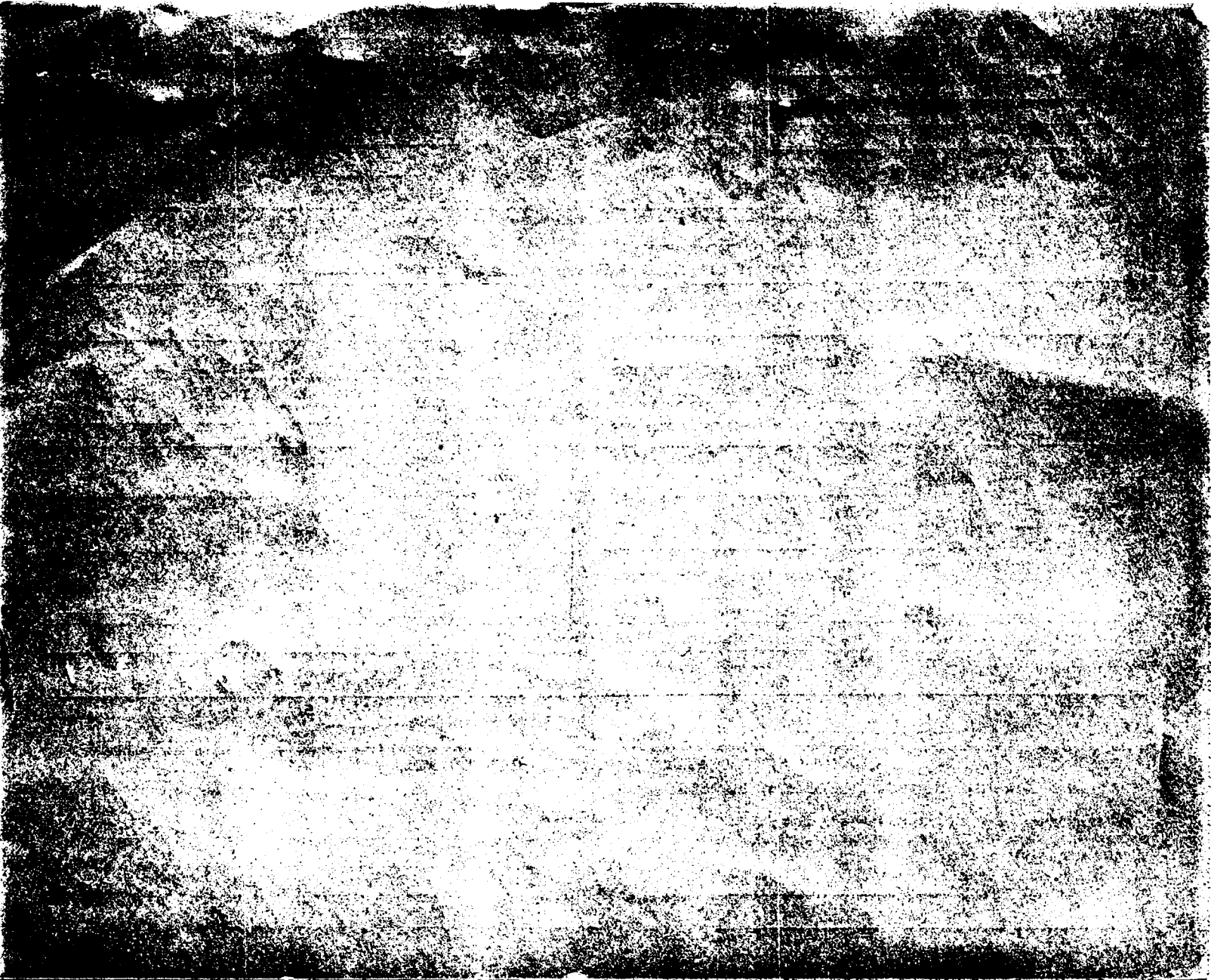
1. PLACE OF BIRTH
County of anyon
City of Nampa
No. Mercy Hospital St. Stillborn
FEB 9 1938
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 262932
Registration District No. 7 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1006 Local Registrar's No. 17
2. FULL NAME OF CHILD
3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes Legiti-
mate? yes 7. Date of birth 12-14, 1937 (Month, Day, Year)
8. Full name FATHER George Newland 9. Full name MOTHER Peta Campbell
10. Residence (usual place of abode) Nampa 11. Residence (usual place of abode) Nampa
(If non-resident, give place and State) (If non-resident, give place and State)
12. Color or race W 13. Age at last birthday 25 (years) 14. Color or race W 15. Age at last birthday 24 (years)
16. Birthplace (city or place) Spencer, Ia. 17. Birthplace (city or place) Idaho
(State or Country) (State or Country)
18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
22. Date (month and year) last engaged in this work _____ 23. Date (month and year) last engaged in this work _____
24. Total time (years) spent in this work _____ 25. Total time (years) spent in this work _____
26. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
27. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation 8 mo. { months or weeks _____ 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Dr. Bill Smith, M. D.
or _____ Midwife
Address Nampa, Idaho
Filed Feb. 3, 1938 Lyda Rodgers
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of ampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1096
(No. Mary Hospital)

DO NOT WRITE IN THIS SPACE

State File No. 107334Local Registrar's No. 218

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Newland(a) Residence No. ampa, Ida St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-14-37

7. AGE Years Months Days If LESS than 1 day hrs. or min.
✓ ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) ampa (State or country) Idaho13. NAME George Newland14. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah15. MAIDEN NAME Alta Campbell16. BIRTHPLACE (city or town) Perriside (State or country) Idaho17. INFORMANT George Newland (Address) ampa Idaho18. BURIAL, CREMATION OR REMOVAL Place ampa Idaho Date 12-18, 193719. UNDERTAKER F. B. Robinson (Address) ampa Idaho20. FILED Jan. 3, 1938 Ryda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-14-193722 I HEREBY CERTIFY, That attended deceased fromat home 12-14, 1937

I last saw h..... alive on..... 193.....: death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born
Premature birth
Caused by labor
Pneumonia in
mother.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 193.....

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? no If so, specify.....(Signed) F. B. Robinson M.D.(Address ampa Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Oakley
No. _____ St. _____

JAN 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 262984

Registration District No. 117 State File No. _____

Prim. Registration District No. 2196 Local Registrar's No. 266

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD _____

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1st 6. Premature ☒ Full term _____ 7. Legitimate? ☐ 8. Date of birth Aug 17, 1937 (Month, Day, Year)

9. Full name FATHER Forest J. Severe

18. Full maiden name MOTHER La Vonn Martin

10. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Oakley, Idaho

11. Color or race White 12. Age at last birthday 25 (years)

20. Color or race White 21. Age at last birthday 22 (years)

18. Birthplace (city or place) (State or Country) Oakley, Idaho

22. Birthplace (city or place) (State or Country) Oakley, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____, 19____ in this work _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent _____, 19____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) _____

29. If stillborn, period of gestation 4 1/2 months { months or weeks _____ 30. Cause of stillbirth _____ { Before labor ☒ During labor _____

29. If stillborn, period of gestation 4 1/2 months { months or weeks _____ 30. Cause of stillbirth _____ { Before labor ☒ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9 A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar. _____

(Signed) L. J. Sutton, M. D.

or _____, Midwife

Address Oakley, Idaho

Filed Nov 18, 1937 Laura J. Spracher

Registrar. _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>107765</u>	
County of <u>Cassia</u>	City of <u>Oakley</u>				
Registration District No. <u>117</u>		Primary Registration District No. <u>2196</u>		Local Registrar's No. <u>2</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>No Name</u>					
(a) Residence. No. St.					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 17, 1927</u>					
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Oakley, Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>Forest J. Devere</u>				
	14. BIRTHPLACE (city or town) <u>Oakley, Ida.</u> (State or country)				
	15. MAIDEN NAME <u>La. Mary Martin</u>				
	16. BIRTHPLACE (city or town) <u>Oakley, Ida.</u> (State or country)				
17. INFORMANT <u>From Father</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Oakley</u> Date <u>Aug 18, 1937</u>					
19. UNDERTAKER <u>Forest J. Devere</u> (Address) <u>Oakley, Ida.</u>					
20. FILED <u>Jan. 17, 1938</u> <u>Laura J. Sprucker</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Aug. 17 1937</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to 193.....					
I last saw h..... alive on....., 193.....; death is said to have occurred on the date stated above, at <u>9</u> <u>h.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset
Other contributory causes of importance:					
Name of operation <u>none</u> Date of.....					
What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>					
23. If death was due to ext'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.....					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>P. J. Sullivan</u> M. D.					
(Address) <u>Oakley, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:—

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

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.....

.....

of more than one child at birth a Separate Return must be made for each, and the number of each, in or of birth stated.

4351835 815
PLACE OF BIRTH
County of Madison
City of Leicester, Idaho
No. St. Joseph Hospital
(If born in hospital or institution give name.)
FEB 10 1938
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH S263312
Registration District No. 1009 State File No. 2
Prim. Registration District No. 96 Local Registrar's No. Shelton
FULL NAME OF CHILD Stanley Earl McFadden
3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes 7. Legitimate? yes 8. Date of birth Dec 18, 1937
(Month, Day, Year)
9. Full name Father McFadden FATHER 18. Full maiden name Muriel Fadden MOTHER
10. Residence (usual place of abode) Idaho (If non-resident, give place and State) Idaho
19. Residence (usual place of abode) Idaho (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 38 (years)
20. Color or race white 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Idaho (State or Country) Idaho
22. Birthplace (city or place) Idaho (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother Two (At time of this birth and including this child)
(a) Born alive and now living Two (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 7 { months or weeks _____ 30. Cause of Stillbirth not known During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Dead at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

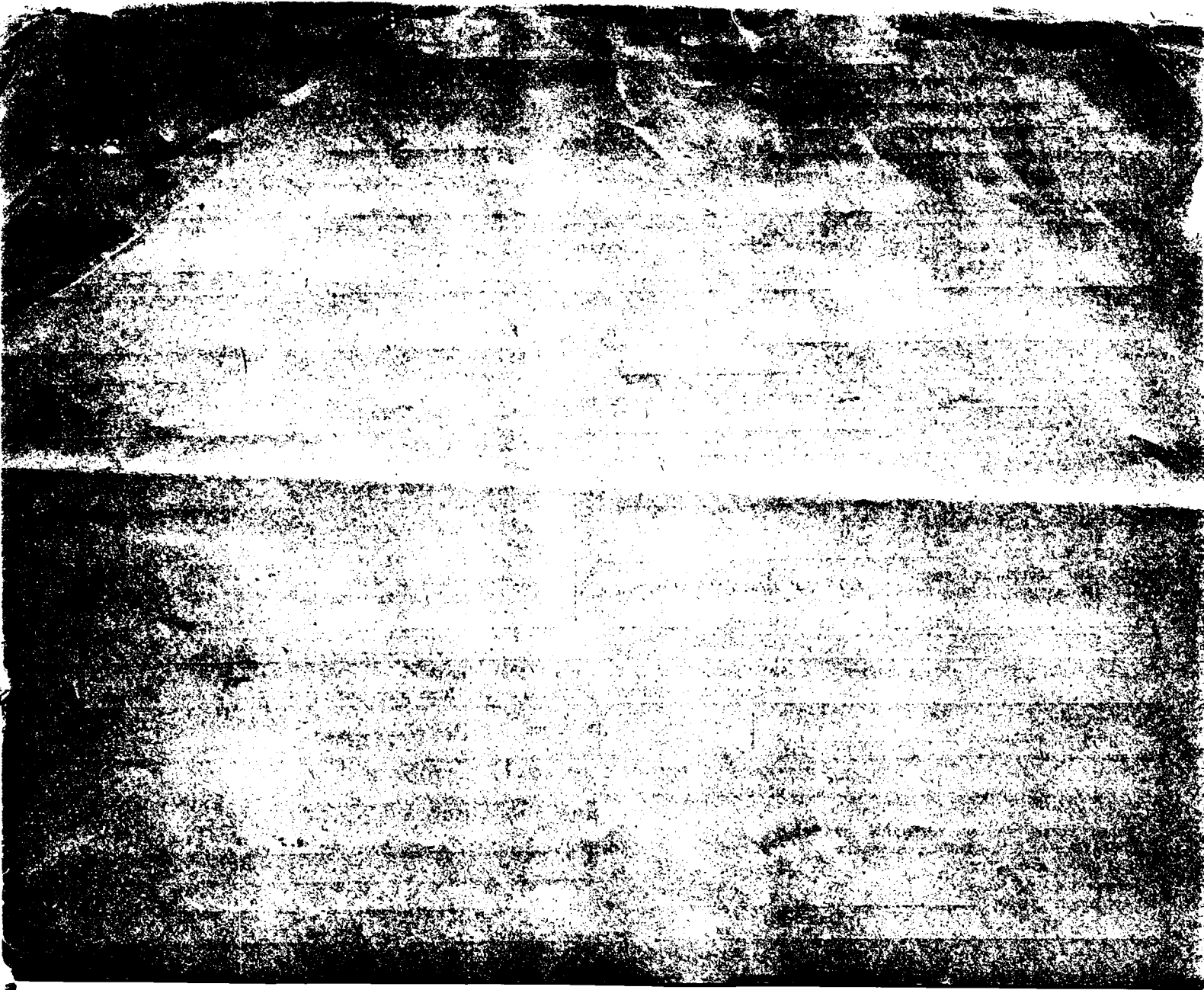
(Signed) Edna M. M. M., M. D.

or _____, Midwife

Address Leicester, Idaho

Filed Feb 9, 1938 M. N. C. M.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Leviston
RELI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

107899

State File No.

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 992

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stanley Earl McFadden

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19, 1937

7. AGE Years ✓ Months ✓ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Leviston
(State or country) Idaho

13. NAME Foster McFadden

14. BIRTHPLACE (city or town) Lenore
(State or country) Idaho

15. MAIDEN NAME Muriel Hanks

16. BIRTHPLACE (city or town) Lenore
(State or country) Idaho

17. INFORMANT Foster McFadden
(Address) Lenore, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lenore, Ida Date Dec 19, 1937

19. UNDERTAKER Brewer-Warren Co.
(Address) Leviston, Idaho

20. FILED Jan 5, 1938 M. E. Casey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 19, 1937

22 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937, to Dec 19, 1937

I last saw him alive on Dec 19, 1937; death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Premature Labor
7 mos. gestation
Child never breathed

Date of onset

Other contributory causes of importance:

None Known

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) E. E. Bragg M. D.

(Address Leviston, Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
Other CONTRIBUTORY CAUSES of importance:		
Gallstones		May 1, 1923

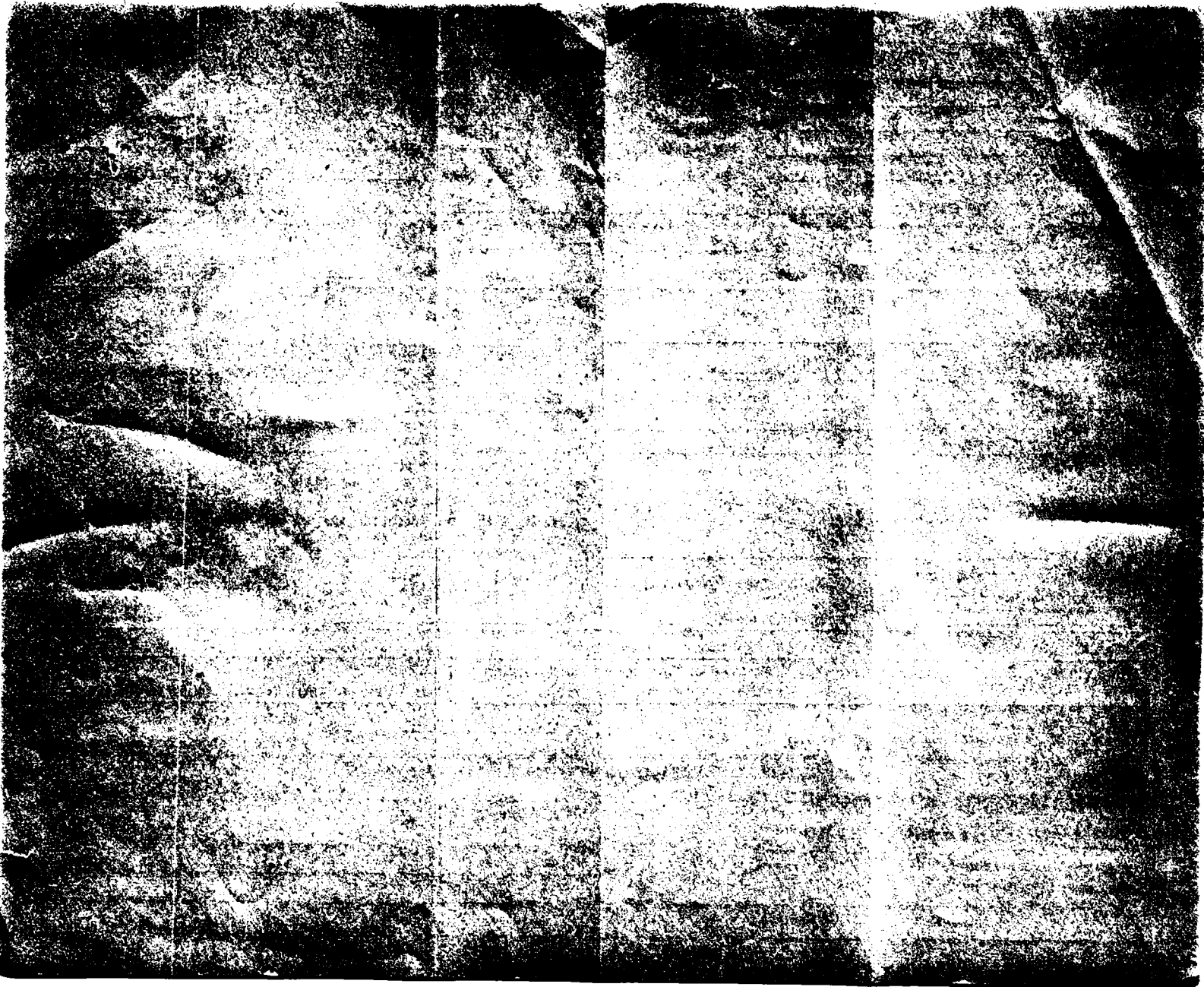
EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other CONTRIBUTORY CAUSES of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Shoshone</u>		FEB 10 1938	
City of <u>Malheur</u>		Registration District No. <u>70</u> State File No. <u>S 263387</u>	
No. <u>Sanjour Ave.</u>		Prim. Registration District No. <u>101</u> Local Registrar's No. <u>2</u>	
(If born in hospital or institution give name.) <u>Providence Hospital</u>			
2. FULL NAME OF CHILD <u>Baby Boy Schlager - S. D. Horn</u>			
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Dec. 28, 1937</u> (Month, Day, Year)			
9. Full name FATHER <u>Edward E. Schlager</u>		18. Full maiden name MOTHER <u>Irene Wilson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cataldo, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cataldo</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Cataldo Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Cataldo Montana</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labrue</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Unemp-</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hof</u>	
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>3 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> { months or weeks _____		30. Cause of stillbirth <u>much</u> { Before labor _____ During labor <u>difficult</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE <u>55</u>			
I hereby certify that I attended the birth of this child, who was _____ at <u>5: P.</u> m. on the date above stated. (Born <u>Alive</u> or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>W. L. Linsley</u> , M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Kellogg Idaho</u>	
Registrar. _____		Filed <u>Feb. 4, 1938</u> <u>John A. Baver</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Boshare
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107936
State File No.

JAN 14 1937

Registration District No. 70

Primary Registration District No. 1011

(No. Providence Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 62

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28-1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wallace Idaho

MOTHER FATHER

13. NAME Edward Schlager

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Frene Widson

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Mrs. L.A. Wilson
(Address)

18. BURIAL OR CREMATION PLACE Angstrom Date Oct 29 1937

19. UNDERTAKER R.L. Stant
(Address)

20. FILED 5 1937 John River
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to Oct 28, 1937

I last saw him alive on, 193.....; death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Still birth

Date of onset

Other contributory causes of importance:

Brush delivery

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. J. ... M. D.

(Address) ...

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S268897

County of Carson
City of Idaho Falls
No. R-3 St. Home

MAR 9 - 1936

Registration District No. 7 State File No. _____
Prim. Registration District No. 20 Local Registrar's No. 59

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Erico Luciani Jr. - Steelborn

3. Sex male If plural births { 4. Twin, triplet, or other. ✓ 6. Premature yes 7. Legitimate? yes Date of birth 11-4-1936
5. Number, in order of birth ✓ Full term yes (Month, Day, Year)

9. Full name FATHER Erico Luciani
10. Residence (usual place of abode) R-3 rampa
(If non-resident, give place and State)

18. Full maiden name MOTHER Marie Brigue
19. Residence (usual place of abode) R-3 rampa
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 48 (years)

20. Color or race W 21. Age at last birthday 43 (years)

13. Birthplace (city or place) Spain
(State or Country)

22. Birthplace (city or place) Spain
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor. Before labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(If female give or SAU name)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

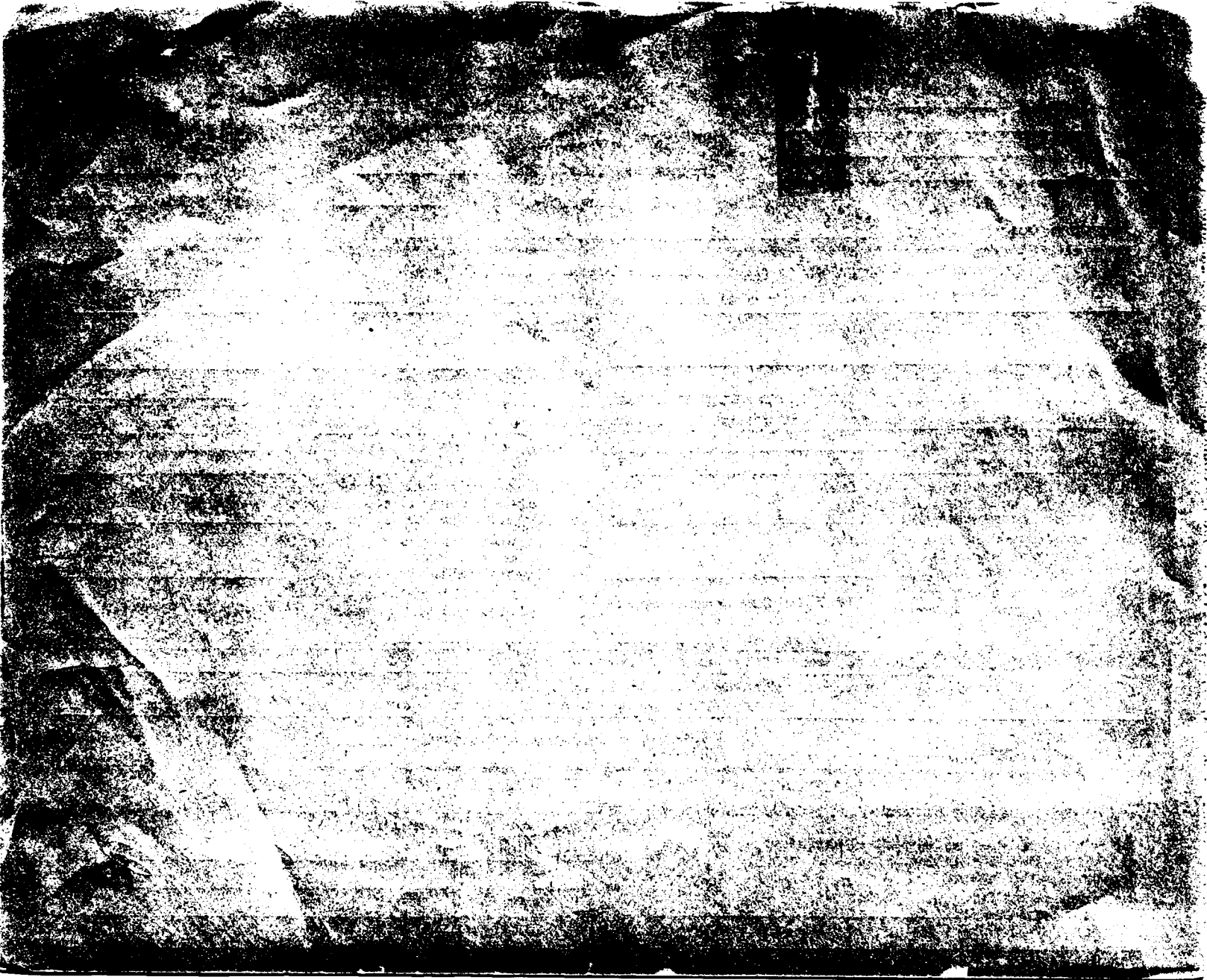
Give name added from a supplemental report. (Date of)

(Signed) M. D. Steelborn M. D.
or _____ Midwife

Address Idaho Falls, Idaho

Filed Mar 5 Mar 5 Lyda Rodgers Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 106915

Registration District No. 7

Primary Registration District No. 2006

Local Registrar's No. 199

Ciriaco

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Biscardi

(a) Residence. No. Route #30 Nampa St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1937

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Route #3
(State or country) Idaho

13. NAME Ciriaco Biscardi

14. BIRTHPLACE (city or town) Spain
(State or country)

15. MAIDEN NAME María Cruz Aguirre

16. BIRTHPLACE (city or town) Spain
(State or country)

17. INFORMANT Ciriaco Biscardi
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Calvary Date 11/5, 1937

19. UNDERTAKER John Calvey
(Address) Nampa

20. FILED Dec. 2, 1937 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-4-1937

22. I HEREBY CERTIFY That I attended deceased from 11-4, 1937, to 11-4, 1937

I last saw him alive on 10, 1937; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born
baby. No heart beat
when born

Other contributory causes of importance:

Hard labor by
business as end hope
delivery 12 # baby

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Harold R. Nelson M. D.

(Address) Nampa, Idaho

Date of onset

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ben</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Bennett</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Edmund Hospital</u>		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>9</u> State File No. <u>264038</u>	
2. FULL NAME OF CHILD <u>Ray Mc Carlow - Stillborn</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>M.</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____
6. Sex <u>M.</u>	7. Legiti- _____	8. Date of birth <u>11/16</u> , 19 <u>37</u>	(Month, Day, Year)
9. Full name <u>HARRY MARION MC CARLOW</u>		18. Full maiden name <u>HARRIET MINNIE MOORE</u>	
10. Residence (usual place of abode) <u>Sweet</u>		19. Residence (usual place of abode) <u>Sweet</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W.</u>		12. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Missouri</u>		20. Color or race <u>W.</u>	
(State or country)		21. Age at last birthday <u>20</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		22. Birthplace (city or place) <u>Denver, Calif.</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		(State or country)	
16. Date (month and year) last engaged in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
17. Total time (years) spent in this work <u>8 yrs.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work <u>4 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>argural 40 70</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____		30. Cause of stillbirth _____	
{ months or weeks		{ Before labor. _____	
		{ During labor. _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6:30 P.M. on the date above stated.
(Born alive or Stillborn)

(Signed) _____, M. D.

or _____ Midwife

Address _____

Filed 12-2-, 1937 J. H. Reynolds

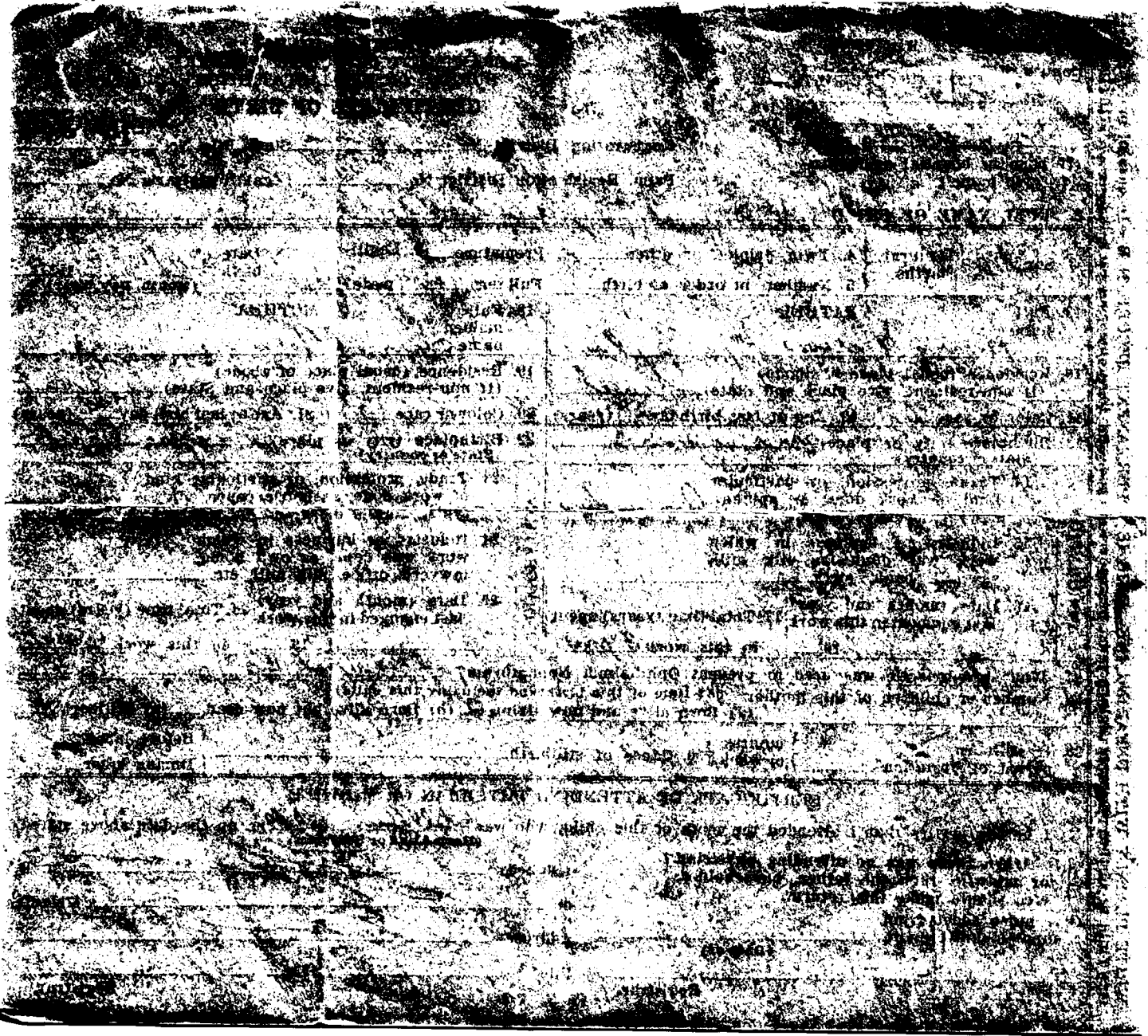
Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

Gem

County of

City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

107379

State File No.

Local Registrar's No.

JAN 6 - 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roy McCaulou(a) Residence/ No. Emmett Hospital

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed or Divorced (write the word)

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

November 16, 1937.

7. AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

STILLBORN

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Emmett, Idaho.

MOTHER FATHER

13. NAME Harry Murphy McCaulou14. BIRTHPLACE (city or town) (State or country) Neosho Co., Kansas.15. MAIDEN NAME Harriet Minnie Moore16. BIRTHPLACE (city or town) (State or country) Fresno, California.17. INFORMANT C. E. Carver, M. D., (Address) Emmett, Idaho.

18. BURIAL, CREMATION OR REMOVAL

Place. Date., 193..

19. UNDERTAKER Parents (Address)20. FILED. 1-5, 1938 J. B. Lynette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/16 193722. I HEREBY CERTIFY, That I attended deceased from 193...., to 11/16/37....., 193....

I last saw h.... alive on 193....; death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Premature Shoulder presentation.

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury., 193..

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... specify.....

(Signed) J. B. Lynette M. D. (Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

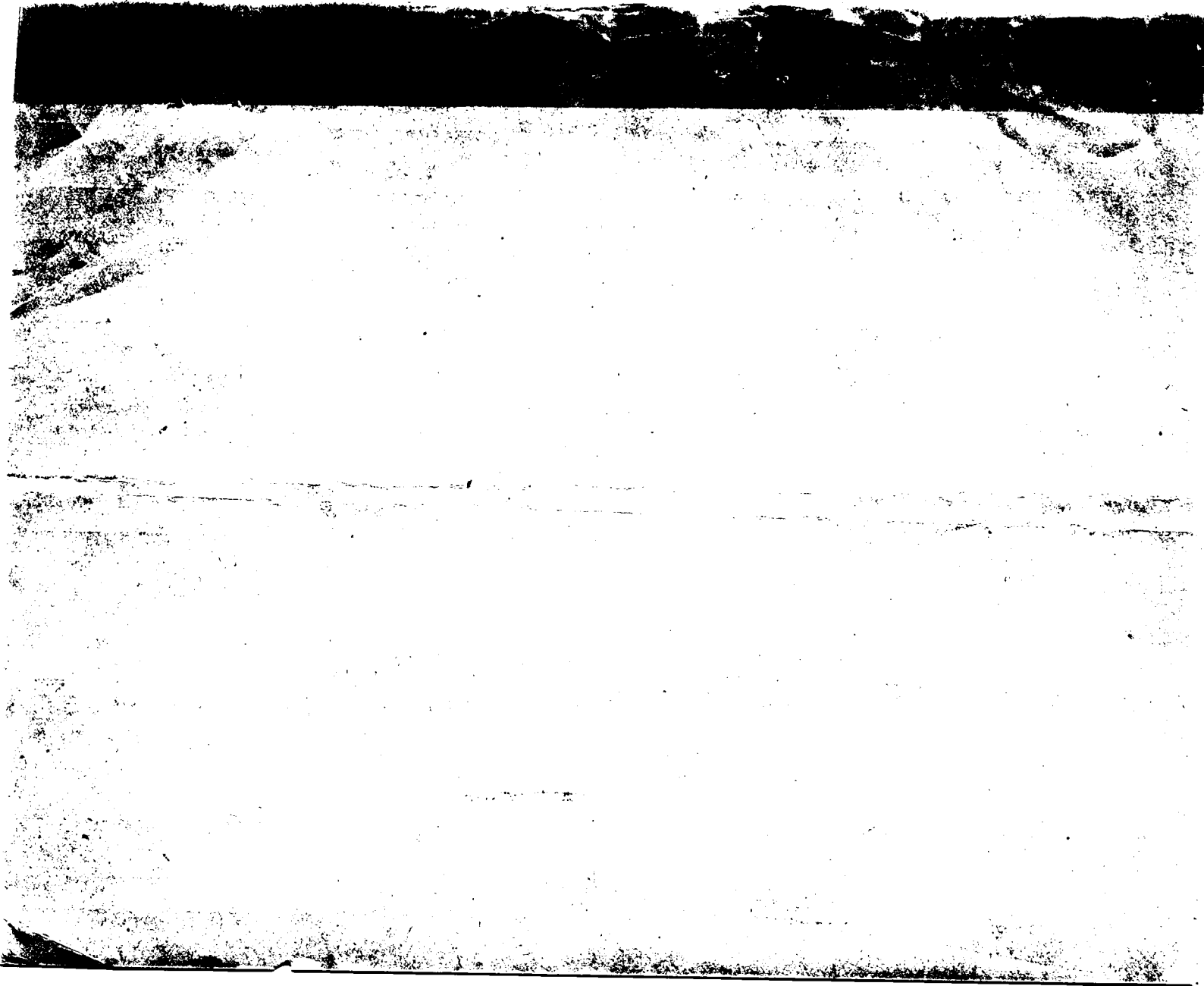
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Ashton</u>	City of <u>Nampa</u>	APR 11 1938	
No. <u>Merby</u>	St. <u>Idaho</u>	CERTIFICATE OF BIRTH S 265001	
(If born in hospital or institution give name.)		Registration District No. <u>17</u>	State File No. <u>91</u>
2. FULL NAME OF CHILD <u>Harold Rex Jones</u>		Prim. Registration District No. <u>2006</u>	Local Registrar's No. <u>91</u>
3. Sex <u>male</u>	If plural births <u>no</u>	4. Twin, triplet, or other <u>no</u>	5. Number, in order of birth <u>1</u>
6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>11-30</u> 193 <u>8</u> (Month, Day, Year)	
9. Full name FATHER <u>Amos H. Jones</u>		18. Full maiden name MOTHER <u>Pauline M. Kinney</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rt. 2</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rt. 2</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Kansas</u>		22. Birthplace (city or place) (State or Country) <u>Ark.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>no</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>no</u>	
16. Date (month and year) last engaged in this work <u>no</u>		17. Total time (years) spent in this work <u>no</u>	
18. Date (month and year) last engaged in this work <u>no</u>		19. Total time (years) spent in this work <u>no</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>no</u>		30. Cause of Stillbirth <u>no</u>	
During labor <u>no</u>		Before labor <u>no</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Harold Rex Jones</u> at <u>10:30</u> m. on the date above stated.			
(Signed) <u>Harold Belknap</u> , M. D.			
or <u>Nampa, Idaho</u>			
Address <u>Nampa, Idaho</u>			
Filed <u>April 5</u> , 193 <u>8</u> <u>Ryda Rodgers</u> Registrar.			



...FADING INK—THIS IS A PERMANENT RECORD. Every item of information included. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in ... it may be properly classified. Exact statement of OCCUPATION is very important. See instructions of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS -
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108569

APR 11 1930

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 43

(No. Mary Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Harold Rex Jones

(a) Residence No. Nampa, Idaho St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>11-30-37</u>		
7. AGE Years <u>1</u>	Months <u>1</u>	Days <u>1</u>
If LESS than 1 day ____ hrs. or ____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (mo. and yr.)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

13. NAME Kenneth Jones

14. BIRTHPLACE (city or town) Kas. (State or country)

15. MAIDEN NAME McKenney

16. BIRTHPLACE (city or town) Ark. (State or country)

17. INFORMANT Kenneth Jones (Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Nampa, Idaho Date 12-1, 1937

19. UNDERTAKER F. H. Robinson (Address) Nampa, Idaho

20. FILED April 1, 1938 Ryda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11-30-1937

22 I HEREBY CERTIFY, That I attended deceased from 11-30-1937, 1937

I last saw deceased on 11-30-1937: death is said to have occurred on the date stated above, at 11:30 p.m. The principal cause of death and related causes of importance were as follows:

Illness
Date of onset
Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 1937

Where did injury occur? No
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) P. C. Robinson M. D.
(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN